



Preliminary COVID-19 Healthcare Trends: A Snapshot from  
Utah's All Payer Claims Database & Healthcare Facility Database

Updated: August 2020

Office of Health Care Statistics  
Center for Health Data and Informatics  
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## About this Report

This report was originally produced in response to a request by the Utah Health Data Committee during the May 19, 2020 committee meeting. An update was completed in August 2020. Please note all figures in this report are preliminary and subject to revision as more data become available.

The intent of this report is to highlight emerging healthcare consumption trends. In most cases, only a subset of the Utah All Payer Claims Database (APCD) or Healthcare Facility Database was used. This means the actual, *total* number of procedures and prescription fills are potentially higher than reflected in this report.

## About the Data

### *Utah's All Payer Claims Database*

The Utah Department of Health, Office of Health Care Statistics (OHCS) is responsible for managing the Utah All Payer Claims Database (APCD) under authority granted to the department and the Health Data Committee (HDC).<sup>1</sup> Licensed commercial health insurance carriers and pharmacy benefit managers covering 2,500 or more Utahns are required to submit member eligibility, medical claims, dental claims, and pharmacy claims as well as a health care provider file by administrative rule.<sup>2</sup> In addition to commercial insurance data, the APCD collects data from Medicaid. OHCS contracts with Milliman MedInsight for APCD data collection and processing. Milliman also enhances these data with risk adjusters, cost calculations, quality measures, and patient-provider attribution before delivering the APCD back to OHCS on a semi-annual basis.

### *Healthcare Facility Database*

The Utah Department of Health and the Utah Health Data Committee developed a health care facility encounter database and began collecting inpatient discharge from all licensed hospitals in Utah and the Veterans Administration Medical Center in 1992. In addition to these important data, ambulatory surgery and emergency department encounter data collection was established in 1996. These data represent nearly every hospitalization, emergency department visit, and ambulatory surgery in Utah for any given year regardless of payer.

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<sup>1</sup> Utah Code 26-33a-104, <https://le.utah.gov/xcode/Title26/Chapter33A/26-33a-S104.html>.

<sup>2</sup> Utah Administrative Rule R428-15, <https://rules.utah.gov/publicat/code/r428/r428-015.htm>.

## About the Office of Health Care Statistics

The Office of Health Care Statistics implements the goals and directions of the Utah Health Data Committee. The office collects, analyzes, and disseminates health care data. These data help people understand cost, quality, access, and value in our health care system and allows users to identify opportunities for improvement.

The data sets under the purview of the office include:

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS)**—Annual customer satisfaction surveys relating to health plan performance
- **Healthcare Effectiveness Data and Information Set (HEDIS)**—Annual quality measures relating to health plan performance
- **Healthcare Facility Data (HFD)**—A collection of information about all inpatient, emergency room, and outpatient surgery/diagnostic procedures performed in the state
- **All Payer Claims Data (APCD)**—A collection of data about health care paid for by third parties, including insurers, plan administrators, and dental and pharmacy benefits plans.

## Utah Health Data Committee

The Utah Health Data Committee was created by the laws of the state of Utah. Members are appointed by the governor and confirmed by the senate, and represent various perspectives from industry and community—public health, purchasers, providers, payers, and patients. By law, members are required to have to have experience with health data.

### *HDC Mission Statement (Adopted 1994, Amended 2020)*

The mission of the Utah Health Data Committee (HDC) is to support health improvement initiatives through the collection, analysis, and public release of health care information. Through public-private collaboration, the committee actively participates in the planning, development, implementation, and maintenance of a statewide health data reporting system, which provides accurate and independently validated information regarding health care in the state of Utah.

The committee implements policies to transform data into objective baseline, trend, and performance measurement information, which is made available while preserving patient privacy and confidentiality.

## **Contact Information**

For more information, questions, or comments, please contact:

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## Acknowledgements

The Office of Health Care Statistics would like to thank all members of the Utah Health Data Committee for their thoughtful insight, commitment to the health of Utahns, and for engaging in thought-provoking conversations that resulted in the need for this snapshot. We would also like to acknowledge Utah Department of Health staff who work to contribute to the story surrounding the state of health in Utah, and to Sterling Petersen, Brantley Scott, and Kimberly Partain McNamara from the OHCS analytics team, who led the analysis for this report.

### *From the Utah Health Data Committee*

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	Steward Health Care	
Lynette Hansen*		Russell Trujillo
Molina Health	Stephen Neeleman	MotivHealth
	HealthEquity	
Charles Hawley		James VanDerslice*
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	Utah Insurance Department	
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Regence Blue Cross/Blue Shield	Alan Ormsby	Comagine Health
	AARP	

### *From the Utah Department of Health*

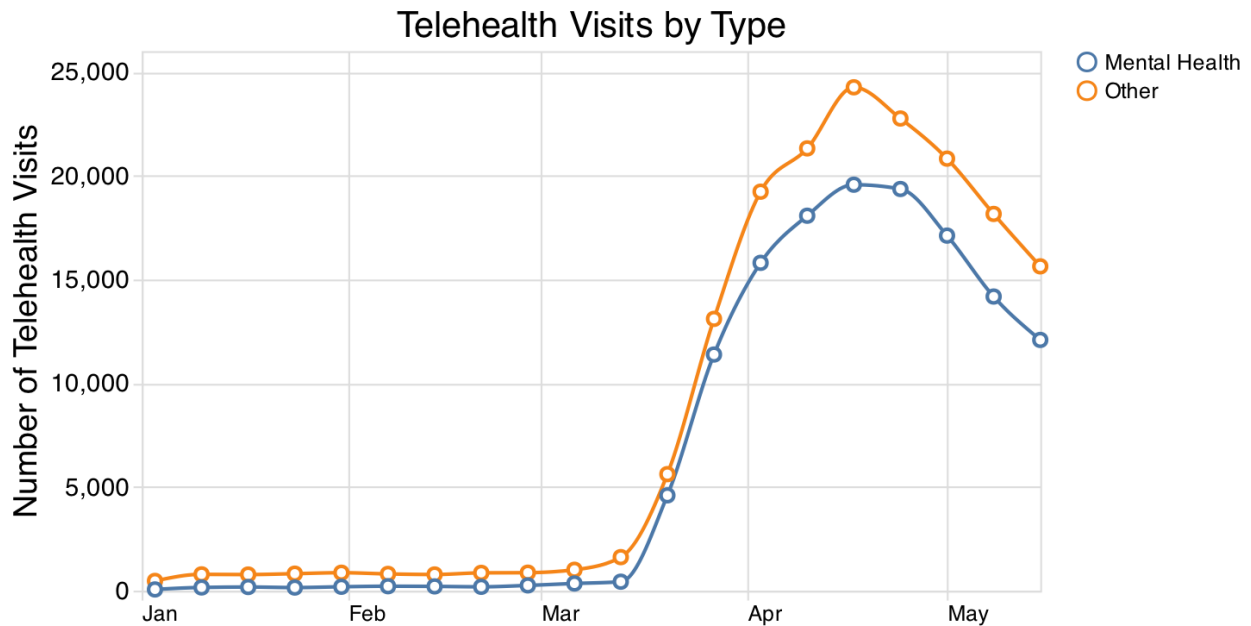
Mary Dy	Kimberly Partain McNamara
Navina Forsythe	Sterling Petersen
Carl Letamendi	Lori Savoie
Mike Martin	Brantley Scott

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\* Term as member on the Utah Health Data Committee officially ended June 31<sup>st</sup>, 2020.



## Telehealth Visits by Type — Weekly Totals

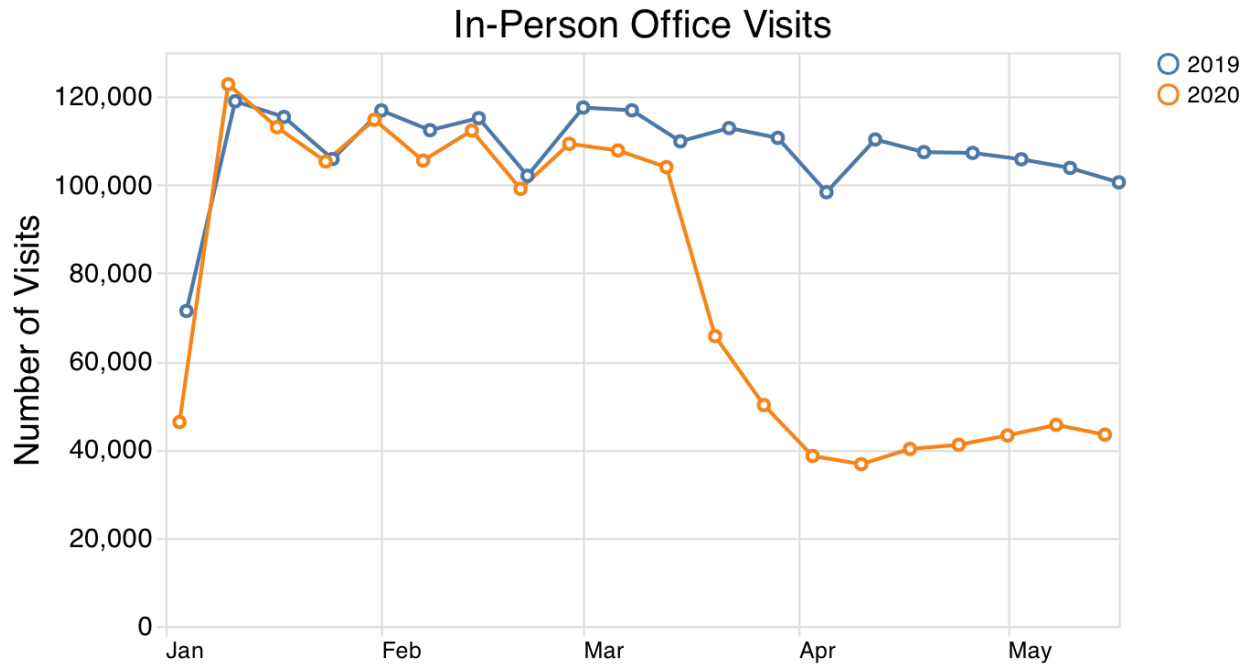


Source: Utah All Payer Claims Database (APCD)

In March 2020, the portion of claims for telehealth visits regarding mental health treatment increased. During the last week of March, approximately half of all telehealth visits were mental health related. After reaching a peak around mid-April, the number of telehealth visits began to decline.

Codes used: CPT G2010, G2012, 99421, 99422, 99423, 98966, 98967, 98968, 99441, 99442, 99443, 98970, 98971, 98972, 98968, 99443, and other codes indicated as administered via telehealth.

## In-Person Office Visits — Weekly Totals

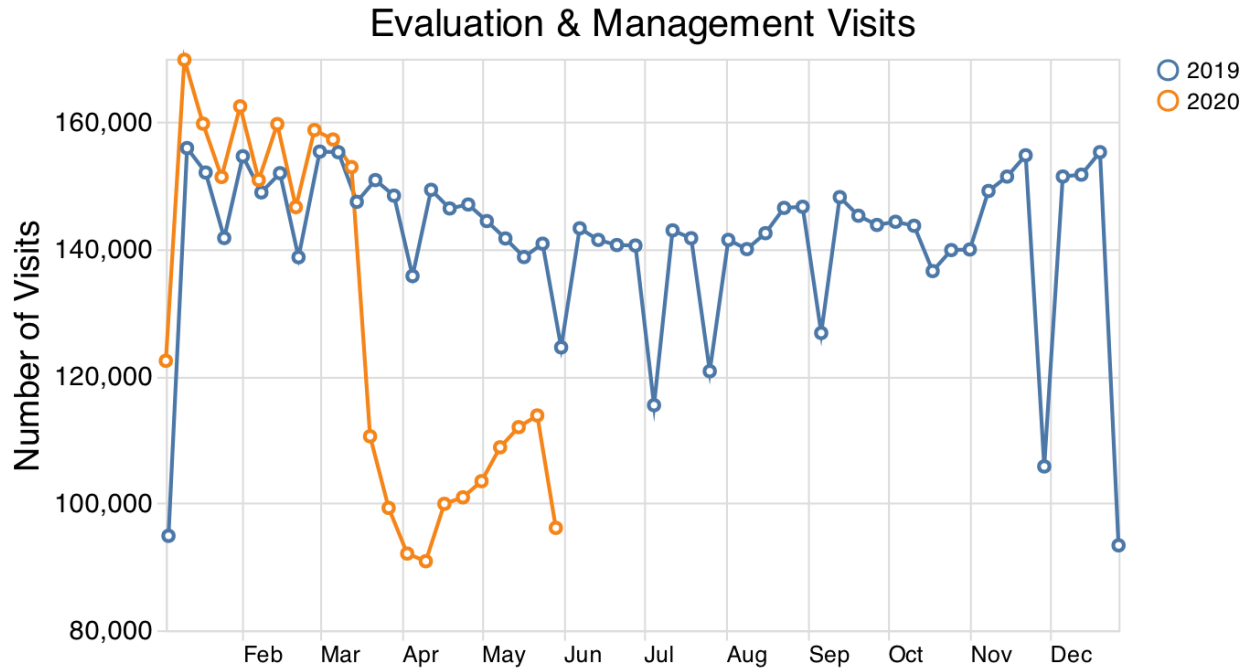


*Source: Utah All Payer Claims Database (APCD)*

The number of claims for in-person office visits with healthcare providers in 2020 largely mirrored the pattern from the previous year for the months of January and February. For March 2020, we observe a gap widening. The decrease in claims for in-person office visits marks the period where Utahns began higher levels of social distancing, the state closed non-essential services, and when the number of people working from home increased. Around the second week of May 2020, there were nearly 60,000 fewer claims than for the same week last year.

*Codes used: CPT 99201–99215, not indicated as administered via telehealth.*

## Evaluation & Management Visits — Weekly Totals

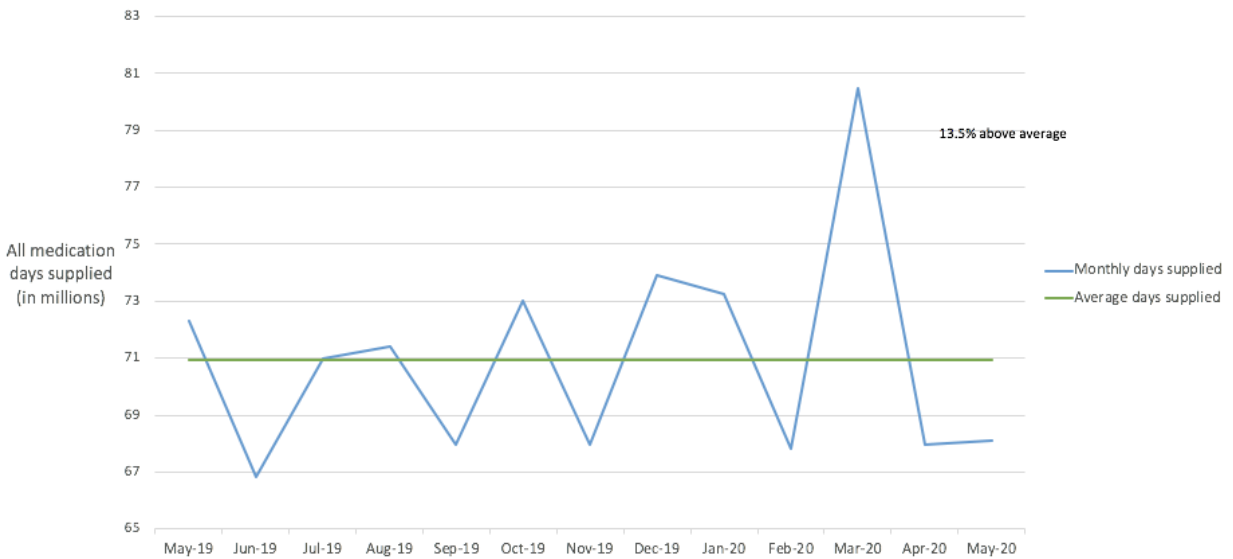


Source: Utah All Payer Claims Database (APCD)

The number of claims for “evaluation & management” visits with healthcare providers in 2020—in-person or telehealth—largely mirrored the pattern from the previous year until March. Despite the large increase in the number of telehealth visits starting in March (as documented in the previous pages) a decrease in the overall number of “evaluation & management” visits—in-person or telehealth—still occurs. The decrease in claims for “evaluation & management” visits marks the period where Utahns began higher levels of social distancing, the state closed non-essential services, and when the number of people working from home increased. Around the second week of May 2020, there were nearly 33,000 fewer claims than for the same week last year.

Codes used: CPT 99201–99499, in-person or via telehealth

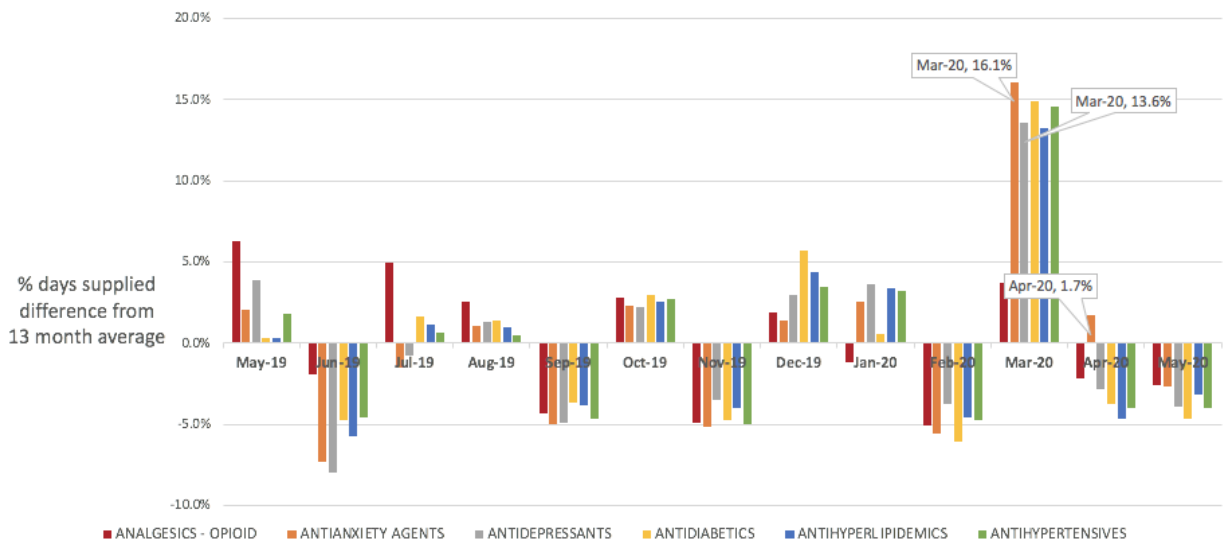
## Prescription Drugs — Pharmacy Days Supplied by Month



*Source: Utah All Payer Claims Database (APCD)*

Claims for all medication days supplied increased to 13.5% above average in March, but the trend returned to a near average range in April

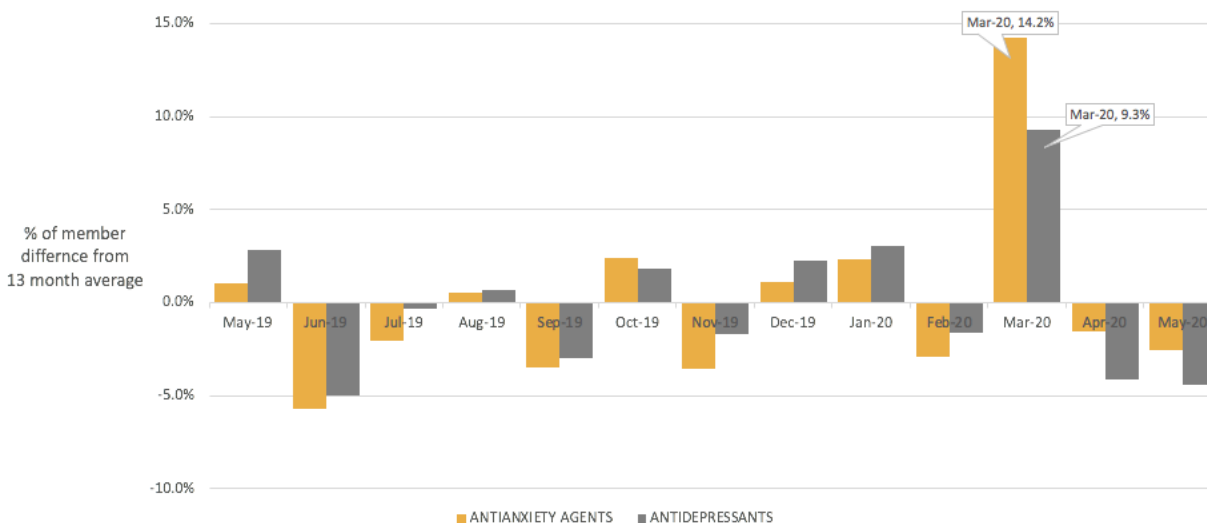
## Prescription Drugs — Differences in Days Supplied by Therapeutic Class and Month



Source: Utah All Payer Claims Database (APCD)

March 2020 saw a notable increase for claims of days supplied for all medications. In May 2020, all medication types returned to near average levels.

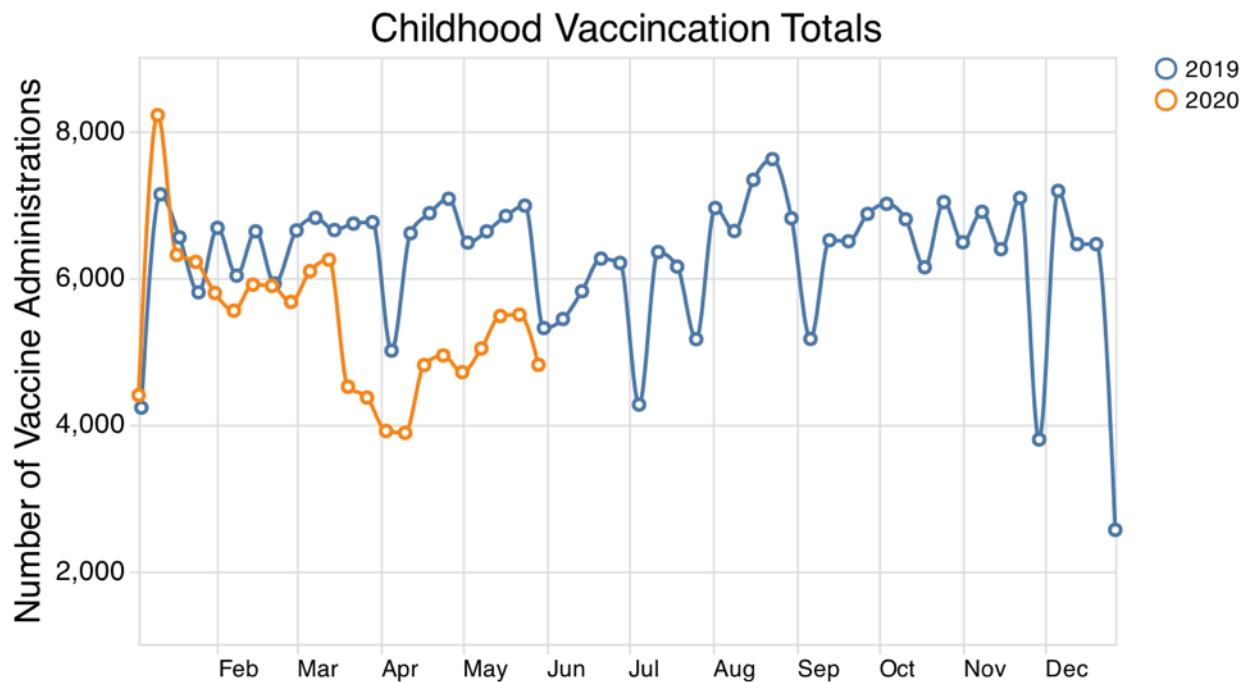
## Prescription Drugs — Differences in Number of Insured Patients for Anti-Anxiety and Antidepressant Medication



*Source: Utah All Payer Claims Database (APCD)*

March 2020 saw an increase in the number claims for members filling anti-anxiety and antidepressant medication. These figures decreased during the months of April and May.

## Childhood Vaccinations — Weekly Totals

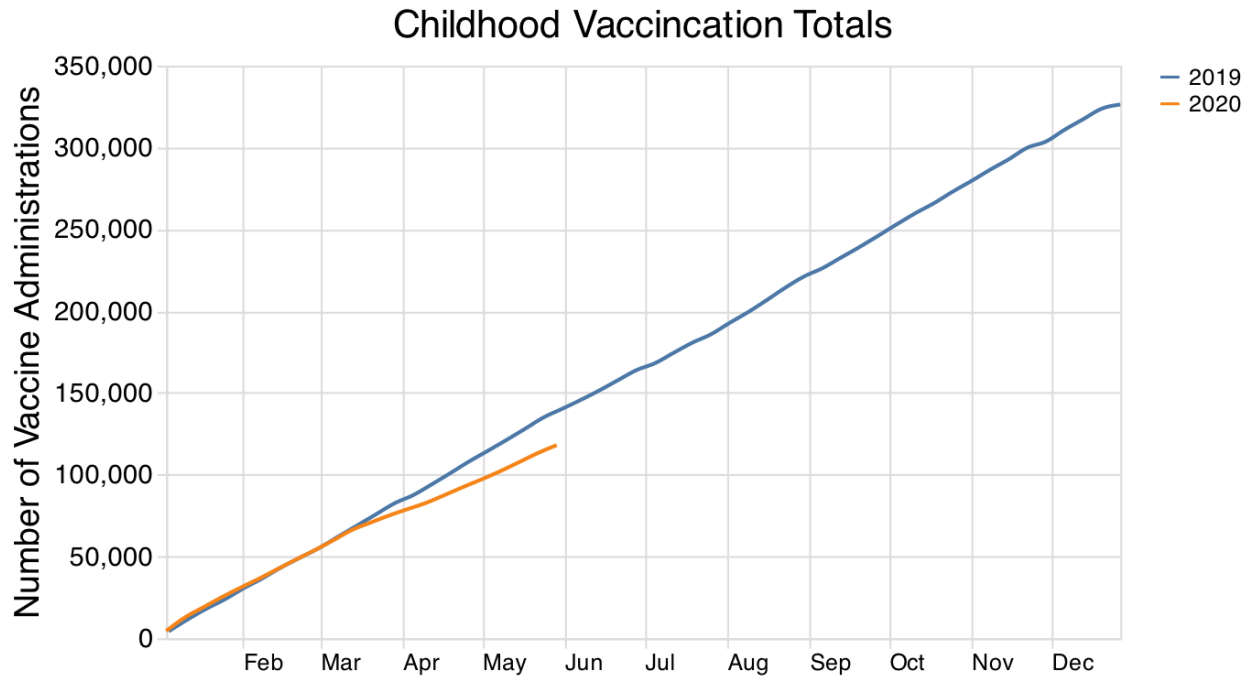


Source: Utah All Payer Claims Database (APCD)

The claims for number of vaccines administered to children in 2020 largely mirrored 2019 trends for the months of January and February. In March 2020 there was a notable gap widened. Unlike some medical services which can be provided via telehealth, immunizations must be administered in person. The Utah trend reflects similar patterns found in [other national studies](#).

*Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); and pneumococcal conjugate (PCV). Represents vaccines included in “Childhood Immunization Status Combination 3”, as depicted by [NCOA](#).*

## Childhood Vaccinations — Year-to-Date Cumulative Totals



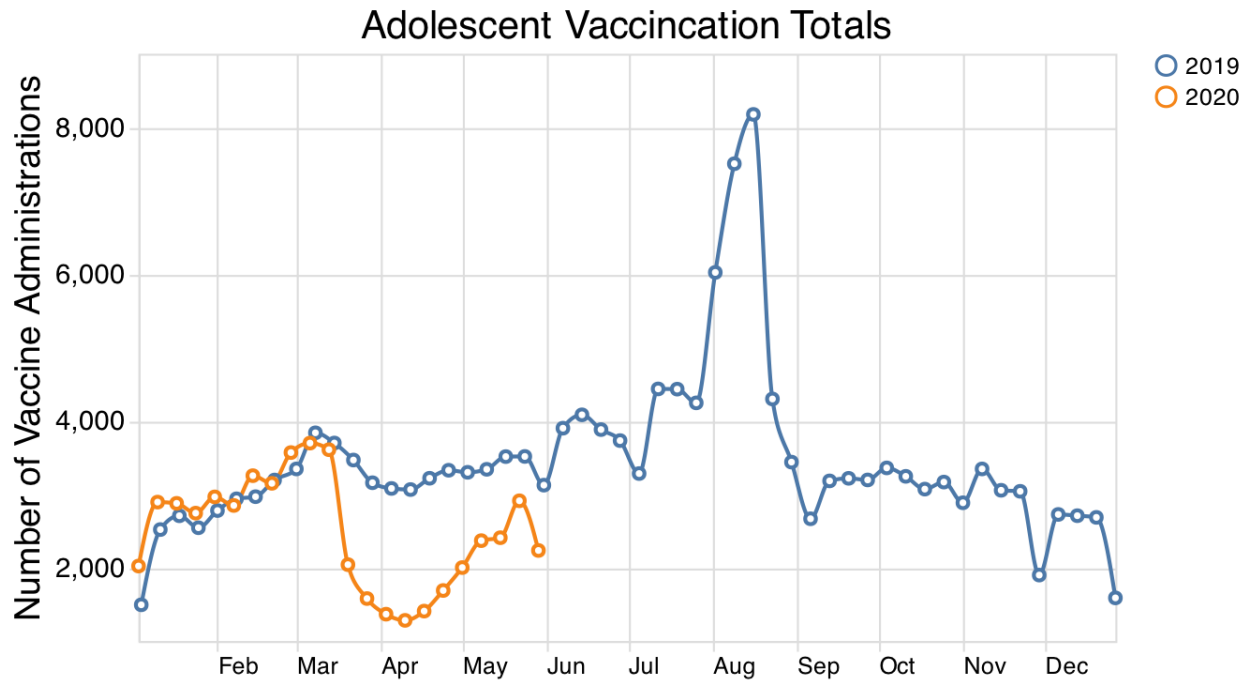
Source: Utah All Payer Claims Database (APCD)

This chart reflects the same data from the previous page, but cumulatively. For the calendar year 2019, the number of claims for childhood vaccinations is fairly consistent throughout the year. That trend changed in March 2020, which marks the point of a decrease in the number of claims for in-office medical visits.

*Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); and pneumococcal conjugate (PCV). Represents vaccines included in “Childhood Immunization Status Combination 3”, as depicted by [NCOA](#).*



## Adolescent Vaccinations – Weekly Totals

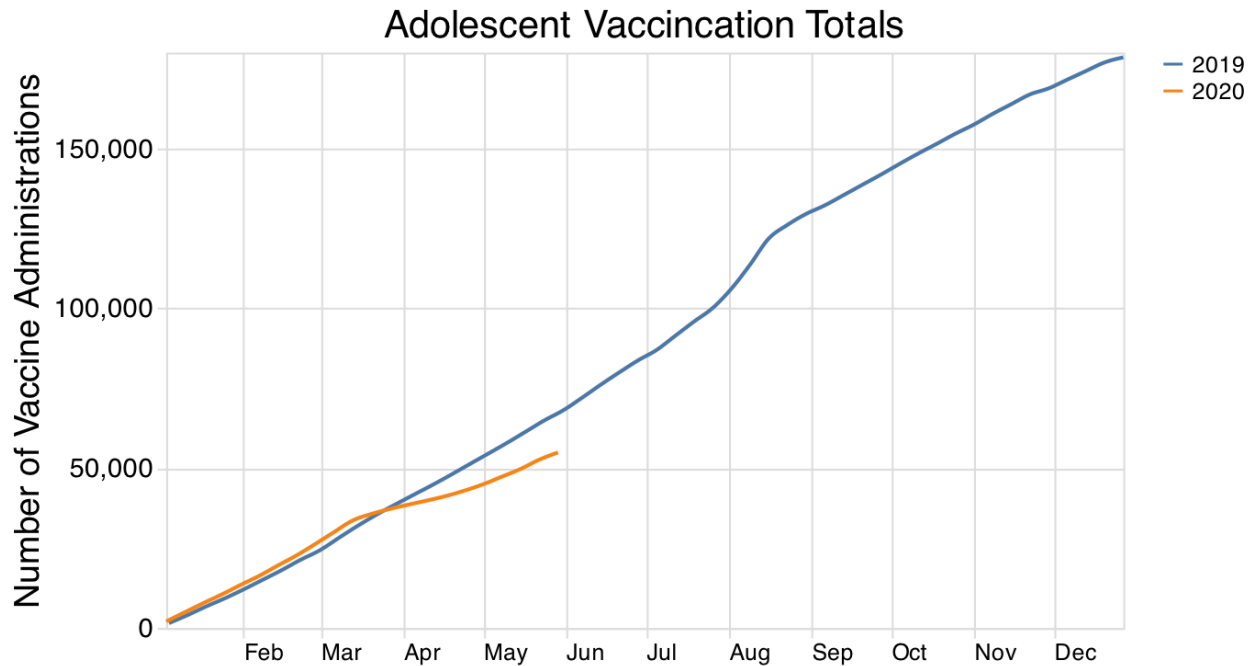


Source: Utah All Payer Claims Database (APCD)

Claims for adolescent vaccinations administered in January through late February of 2020 appear consistent when comparing the same weeks last year. After about the second week of March 2020, a notable gap emerges. As of late May 2020, claims for adolescent vaccines remain lower than 2019. Notably, in 2019, vaccinations reached a peak in mid-August, which coincides with the period preceding the academic school year.

*Includes meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV). Represents vaccines included in “Immunizations for Adolescents Combination 2”, as depicted by [NCOA](#).*

## Adolescent Vaccinations – Year-to-Date Cumulative Totals

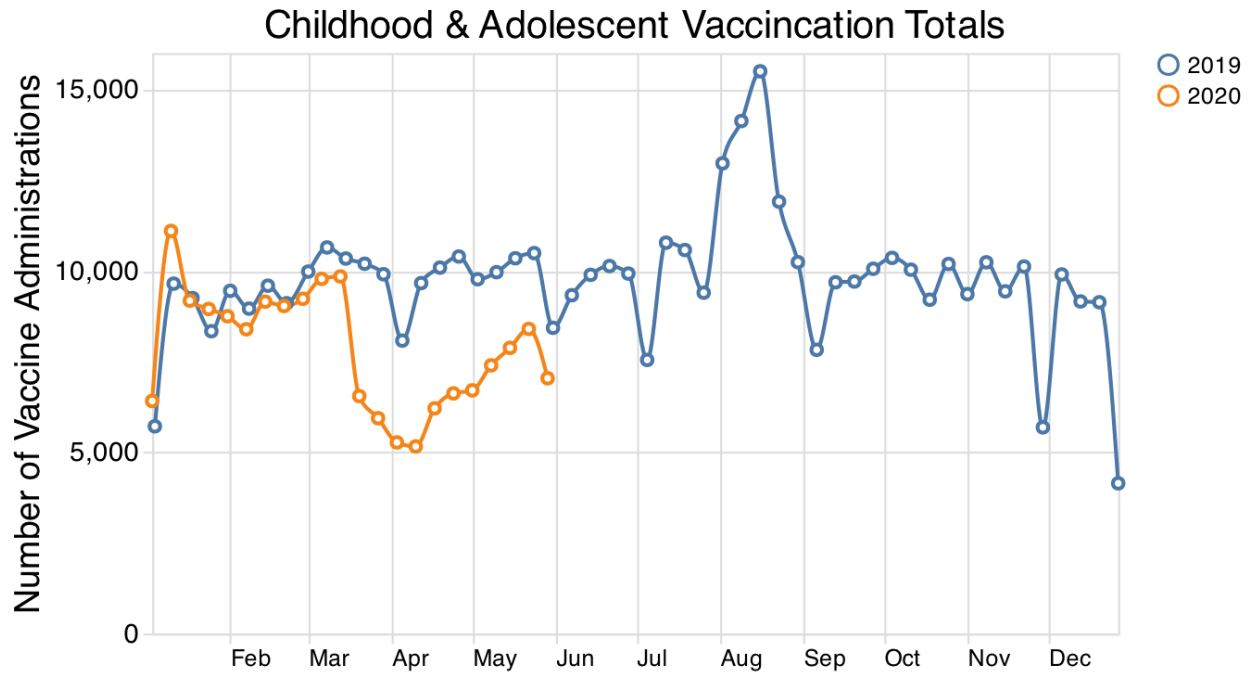


Source: Utah All Payer Claims Database (APCD)

This chart reflects the same data from the previous page, but cumulatively. For the calendar year 2019, the number of claims for adolescent vaccinations is seemingly consistent throughout the year, with a slight increase mid-August, before the school year begins. A disruption of that trend occurs in March 2020, which marks the point at which we observe a decrease in the number of claims for in office medical visits. By the last week of May 2020, there were 53,987 claims for adolescent vaccinations, 67,697 (a difference of 13,710) for the same week last year. If the trend continues for 2020, this may result in a number of adolescents being unvaccinated, ahead of the 2020-2021 school year.

*Includes meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV). Represents vaccines included in “Immunizations for Adolescents Combination 2”, as depicted by [NCOA](#).*

## Child & Adolescent Vaccination – Weekly Totals

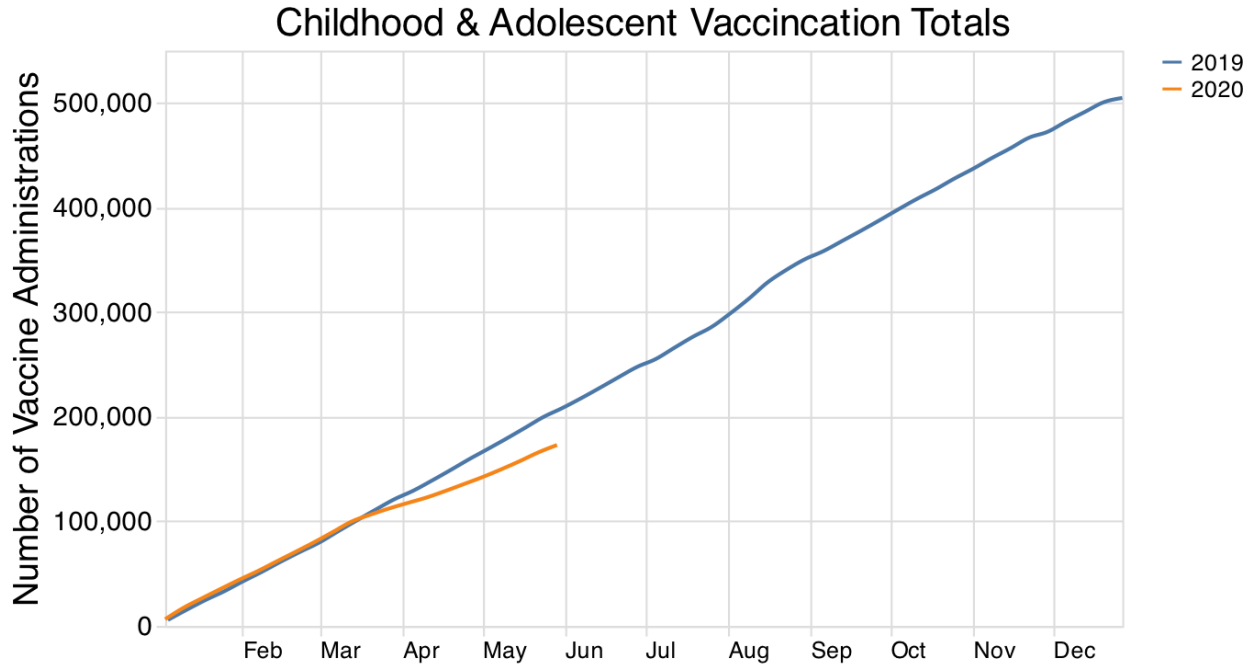


Source: Utah All Payer Claims Database (APCD)

This chart depicts claims for children and adolescent claims, combined. From mid-March onward, a notable gap is evident, when compared with the number of vaccinations claims for the prior year. The spike in August of 2019 was expected, given preparations ahead of the academic school year.

*Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV); meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV).*

## Childhood & Adolescent Vaccinations – Year-to-Date Cumulative Totals

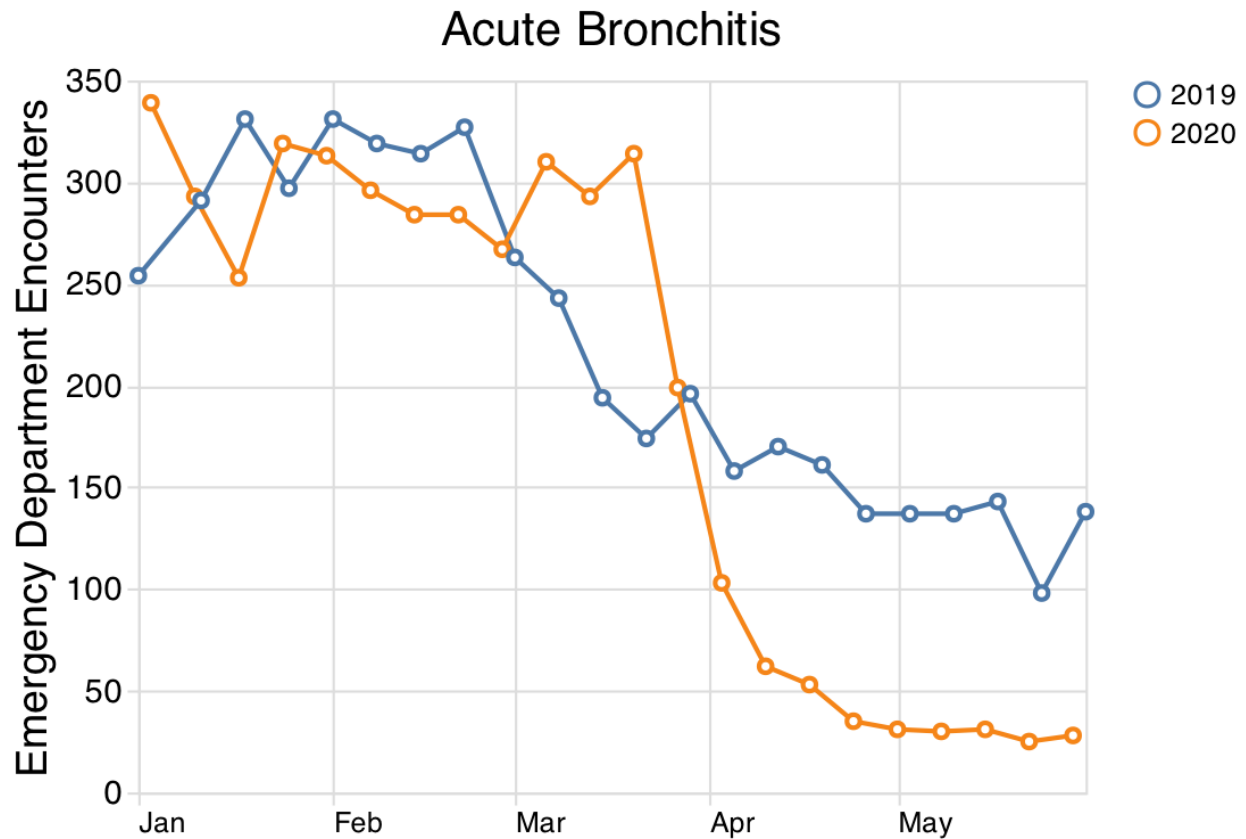


Source: Utah All Payer Claims Database (APCD)

This chart reflects the same data from the previous page, but cumulatively. For the calendar year 2019, the number of claims for children and adolescent vaccinations is seemingly consistent throughout the year, with a slight increase mid-August, before the school year begins. A disruption of that trend occurs in March 2020, which marks the point at which we observe a decrease in the number of claims for in-office medical visits. By the last week of May 2020, there were 154,349 claims for children and adolescent vaccinations, 190,991 (a difference of 36,642) for the same week last year. If the trend continues for 2020, this may result in a number of adolescents being unvaccinated, ahead of the 2020-2021 school year.

*Includes diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV); meningococcal; tetanus, diphtheria toxoids and acellular pertussis (Tdap); and human papillomavirus (HPV).*

## Acute Bronchitis – Emergency Department Weekly Totals

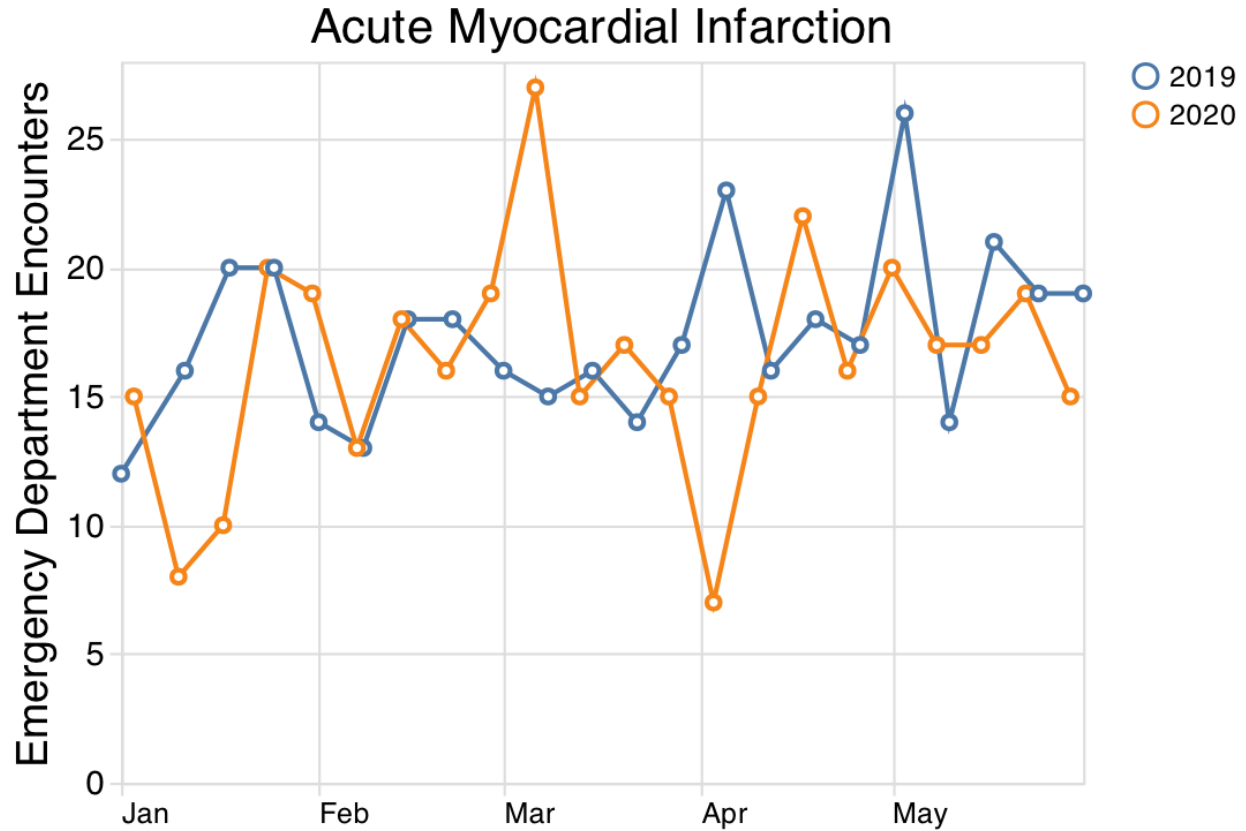


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of acute bronchitis declined mid-March, below 2019 levels. Although a decrease was expected due to the seasonality of acute bronchitis, the rate of that decline was unexpected. This could be due to social distancing, isolation, and other COVID-19 preventive measures decreasing the spread of other diseases.

Includes primary diagnosis codes in the “Acute Bronchitis” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Acute Myocardial Infarction — Emergency Department Weekly Totals

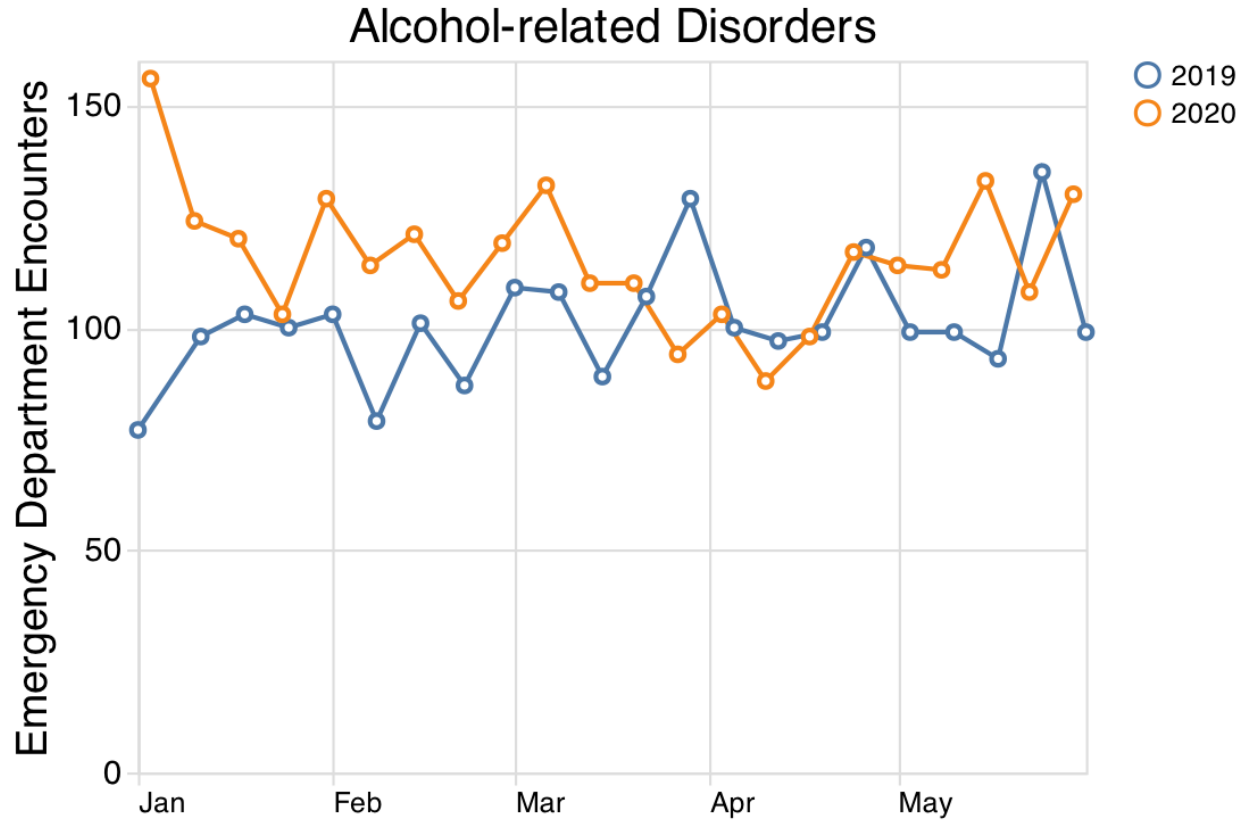


*Source: Utah Healthcare Facilities Database (HFD)*

While some hospitals and healthcare systems across the nation have witnessed decreases in the number of patients appearing in emergency departments for [heart attacks](#), preliminary Utah data do not depict notable decreases in the number of emergency department patients with a primary diagnosis of acute myocardial infarction (heart attack) over the period of January through May of 2020.

*Includes primary diagnosis codes in the “Acute Myocardial Infarction” [Clinical Classification Software Refined \(CCSR\)](#) category.*

## Alcohol-related Disorders — Emergency Department Weekly Totals

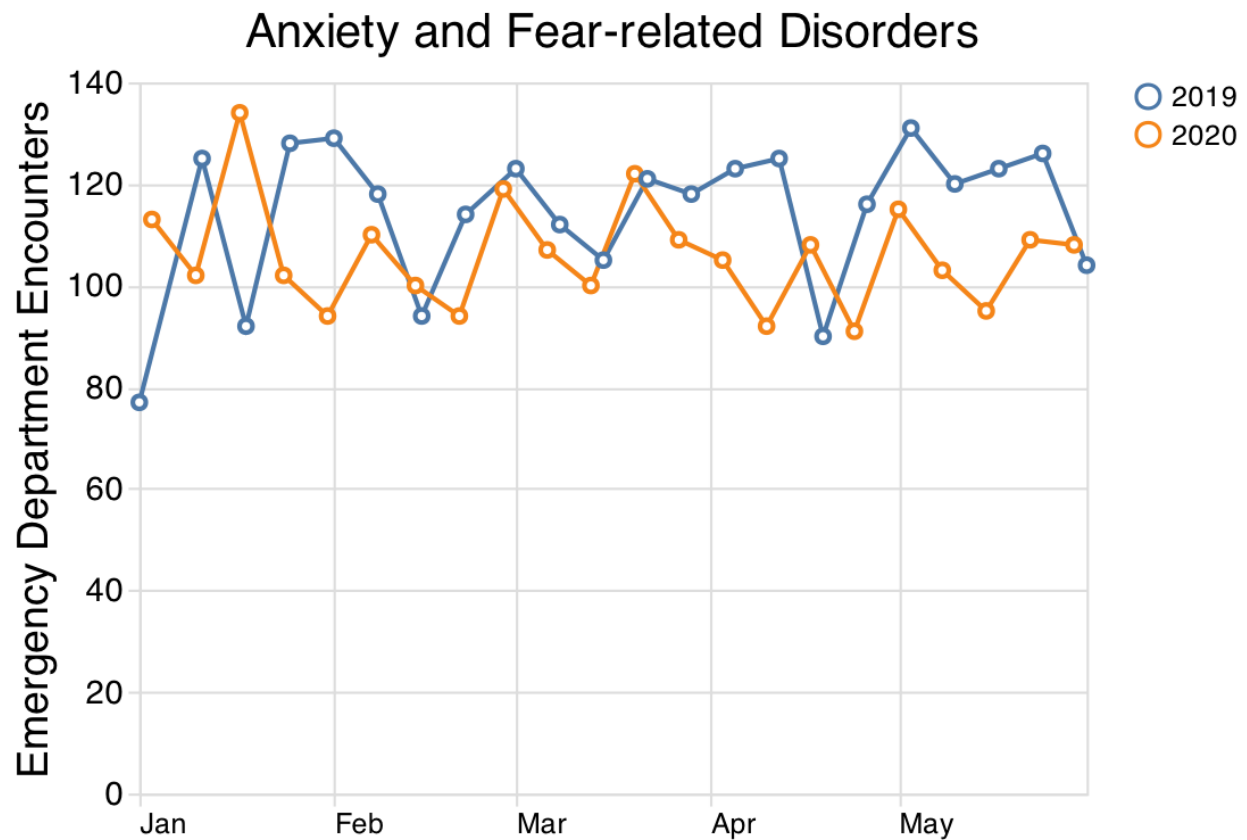


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department visits with a primary diagnosis for an alcohol-related disorder for January through May of 2020 largely mirrored the trend from the previous year.

Includes primary diagnosis codes in the “Alcohol-related Disorders” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Anxiety and Fear-related Disorders — Emergency Department Weekly Totals



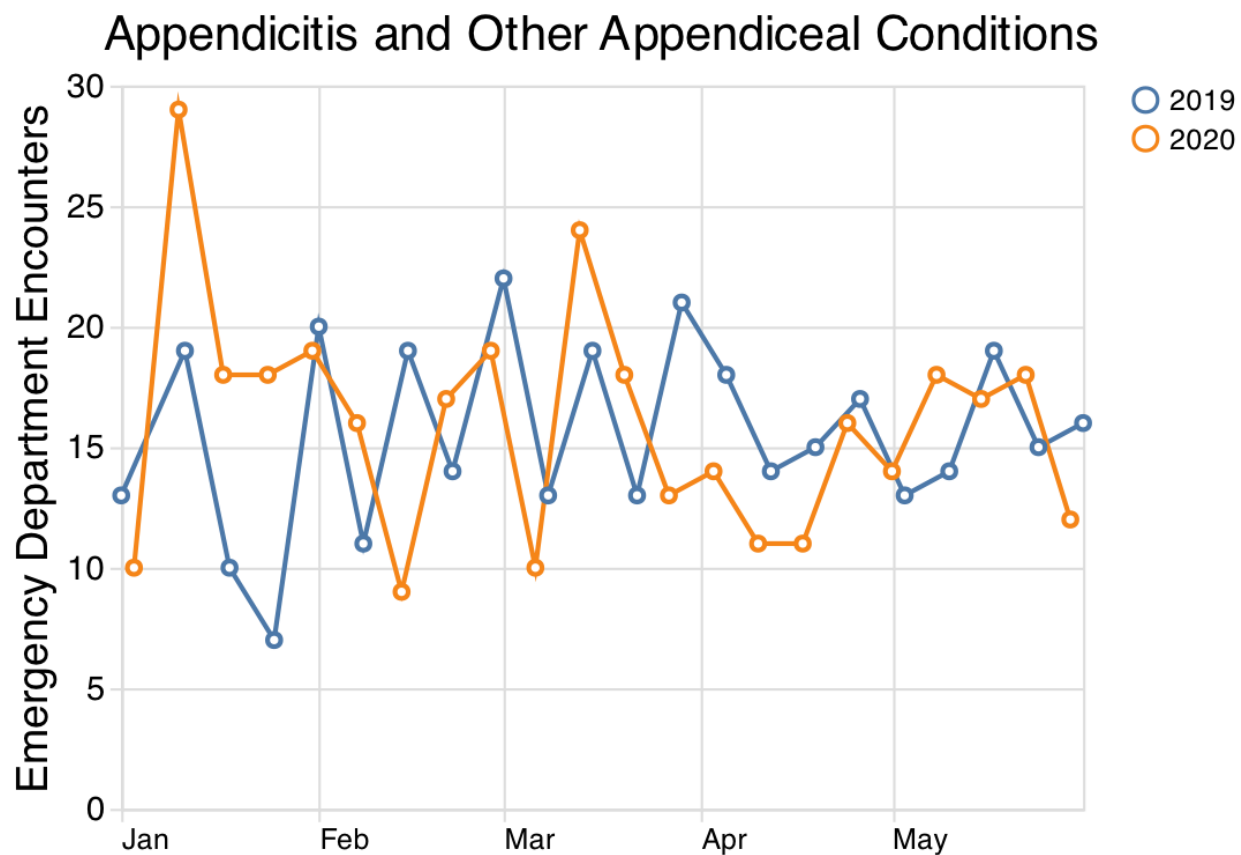
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department visits with a primary diagnosis for an anxiety or fear-related disorder for the period of January through May of 2020 reflected the same pattern observed for the previous year.

Includes primary diagnosis codes in the “Anxiety and Fear-related Disorders” [Clinical Classification Software Refined \(CCSR\)](#) category.



## Appendicitis and Other Appendiceal Conditions — Emergency Department Weekly Totals

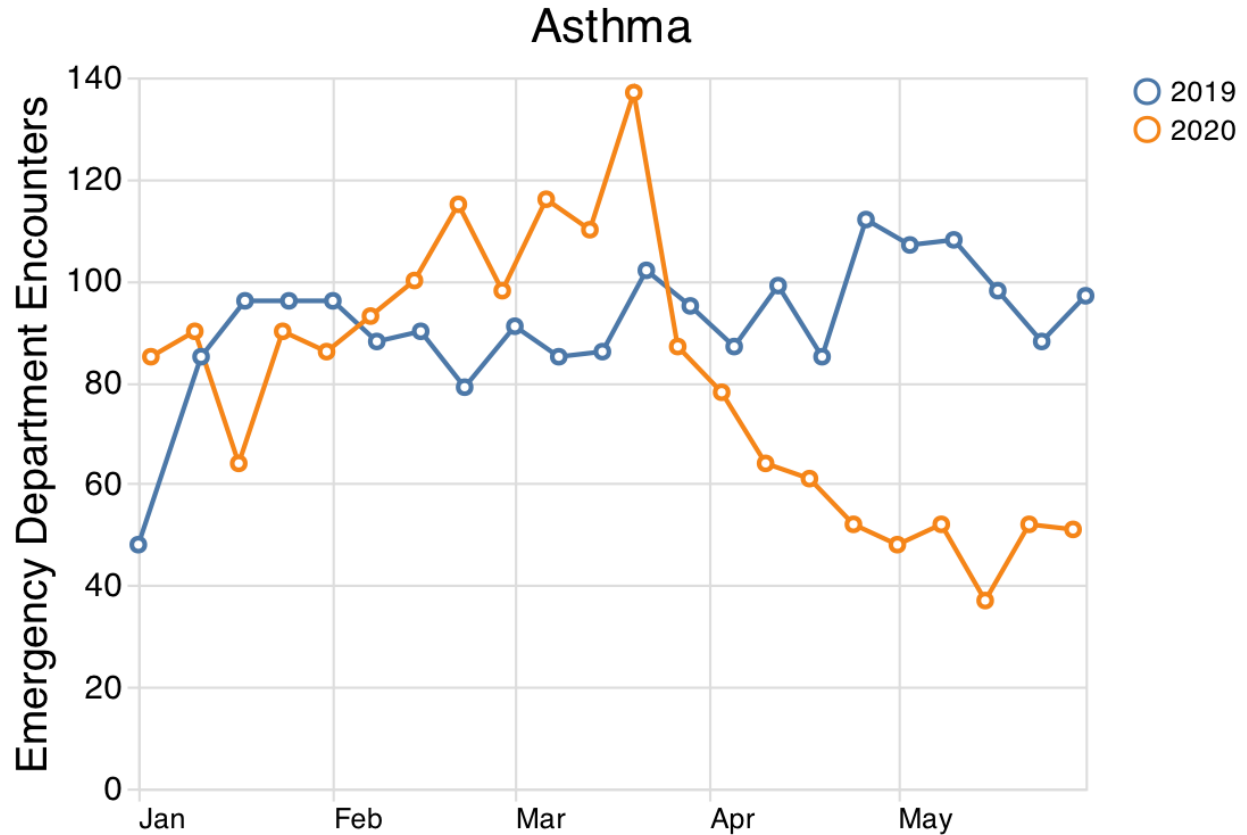


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department visits with a primary diagnosis of appendicitis or other appendiceal conditions largely remained unchanged from the previous year.

*Includes primary diagnosis codes in the “Appendicitis and Other Appendiceal Conditions” [Clinical Classification Software Refined \(CCSR\)](#) category.*

## Asthma — Emergency Department Weekly Totals

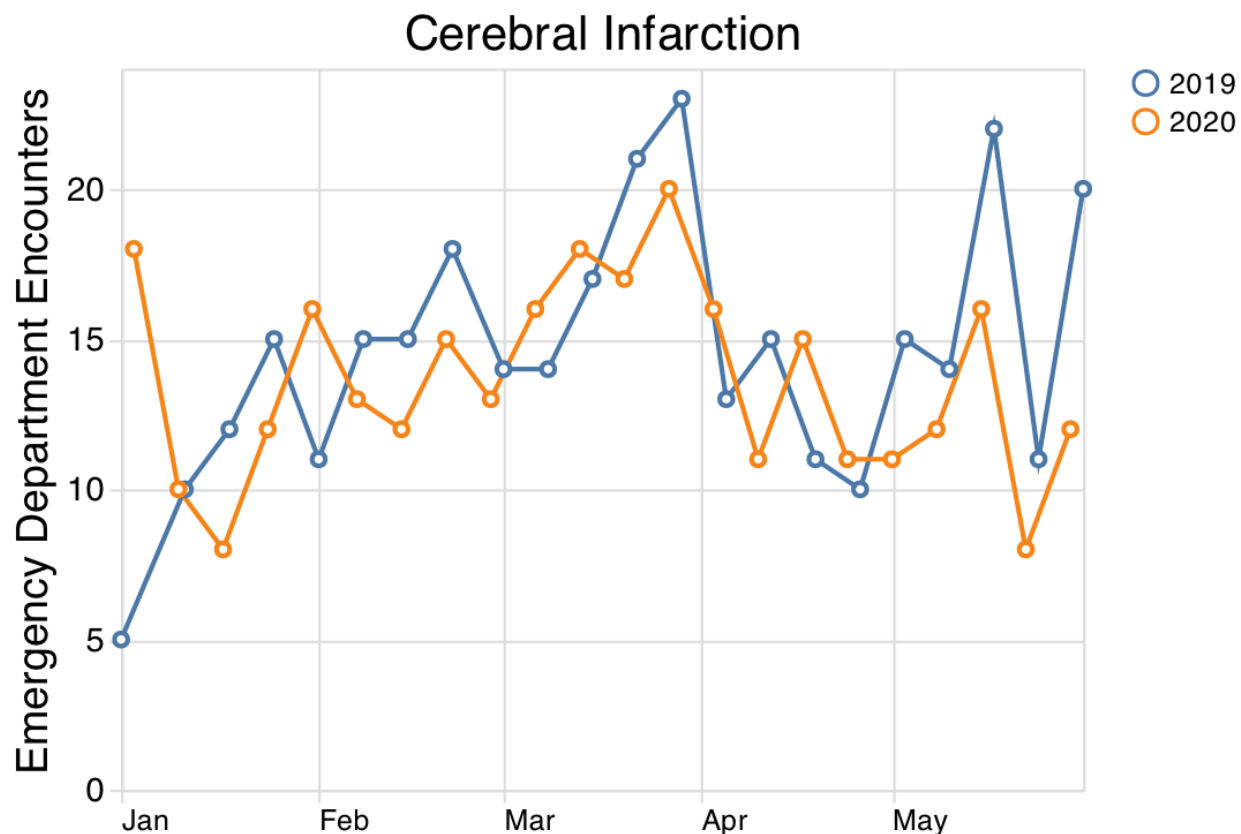


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of asthma decreased notably during mid-March. This trend continued to decline during April and remained lower than the prior year. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the “Asthma” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Cerebral Infarction — Emergency Department Weekly Totals

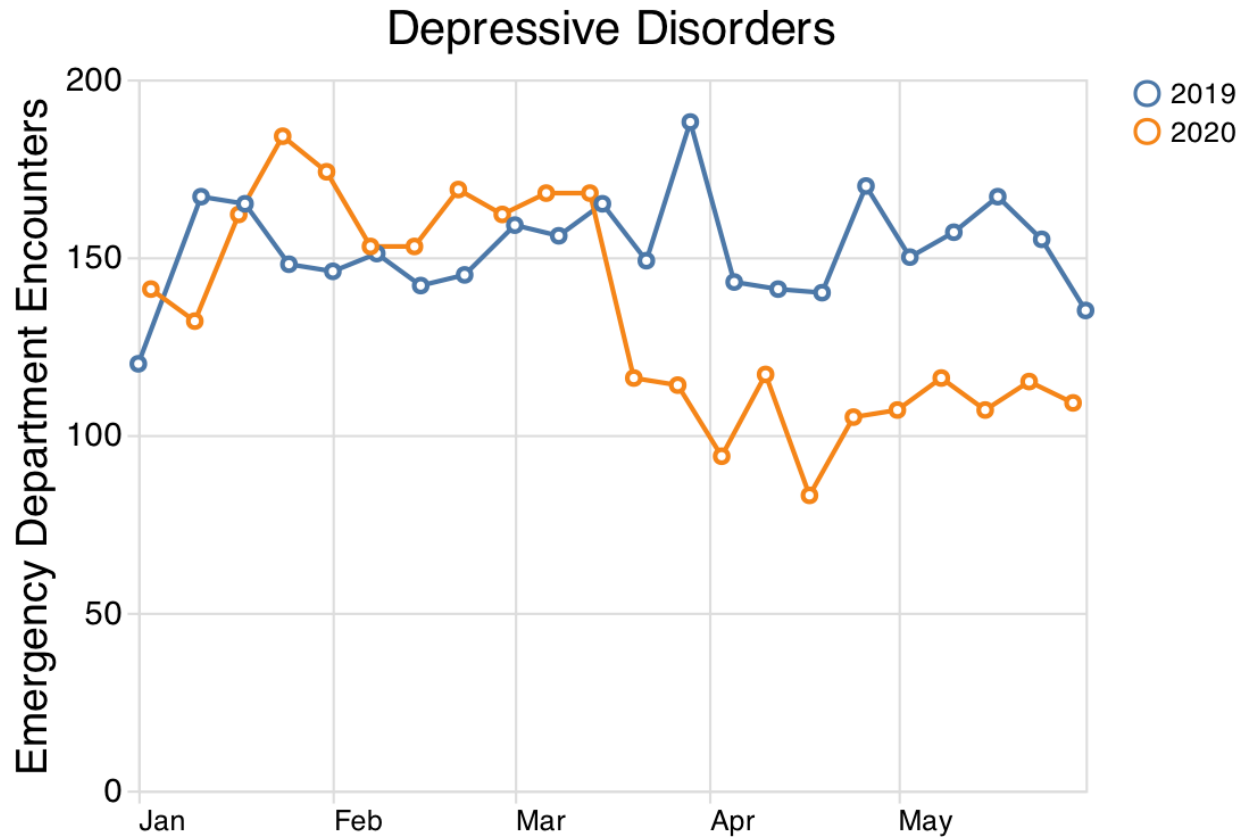


Source: Utah Healthcare Facilities Database (HFD)

Although some hospitals and healthcare systems across the nation have witnessed decreases in the number of patients appearing in emergency departments for [strokes](#), preliminary Utah data do not depict notable decreases in the number of emergency department patients with primary diagnosis of cerebral infarction (stroke) over the period of January through May of this year.

Includes primary diagnosis codes in the “Cerebral Infarction” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Depressive Disorders — Emergency Department Weekly Totals

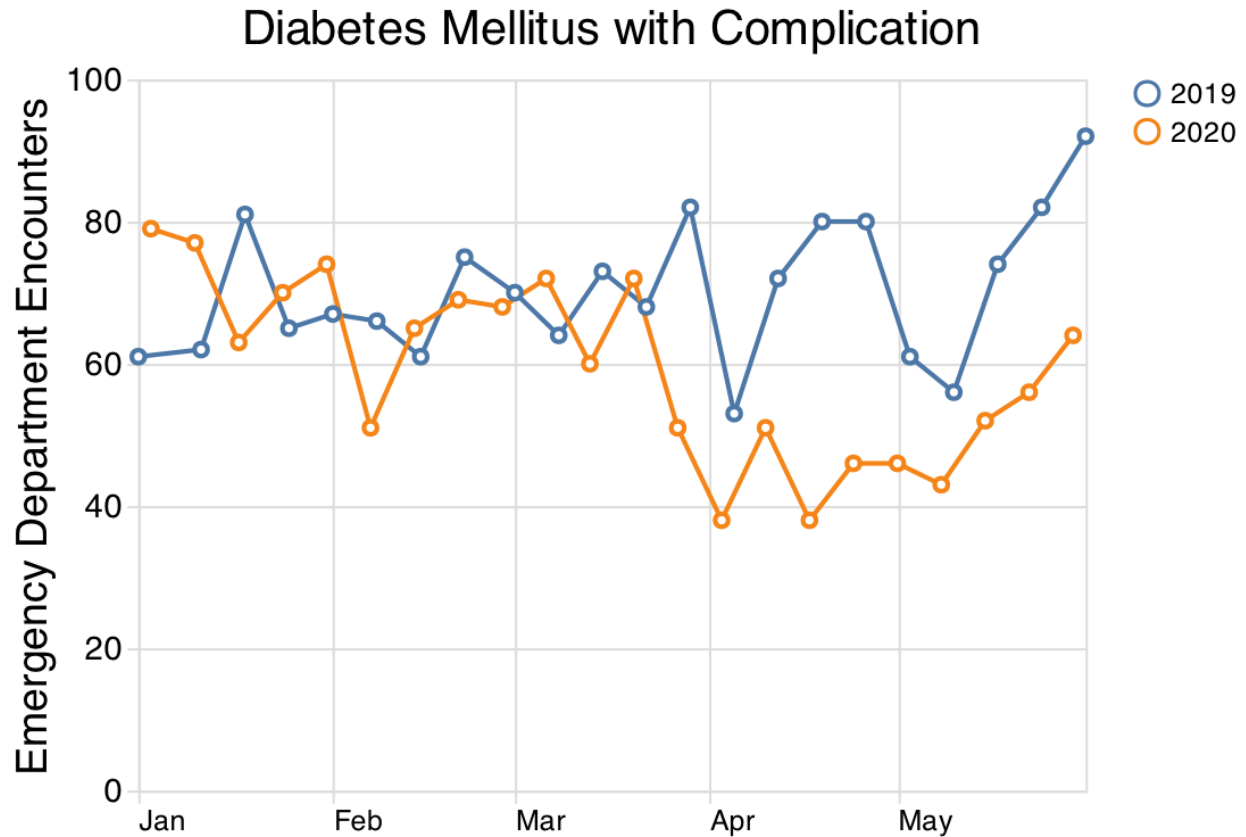


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of a depressive disorder dropped after mid-March and remained below the number of encounters for April and May for the previous year. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the “Depressive Disorders” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Diabetes Mellitus with Complication — Emergency Department Weekly Totals

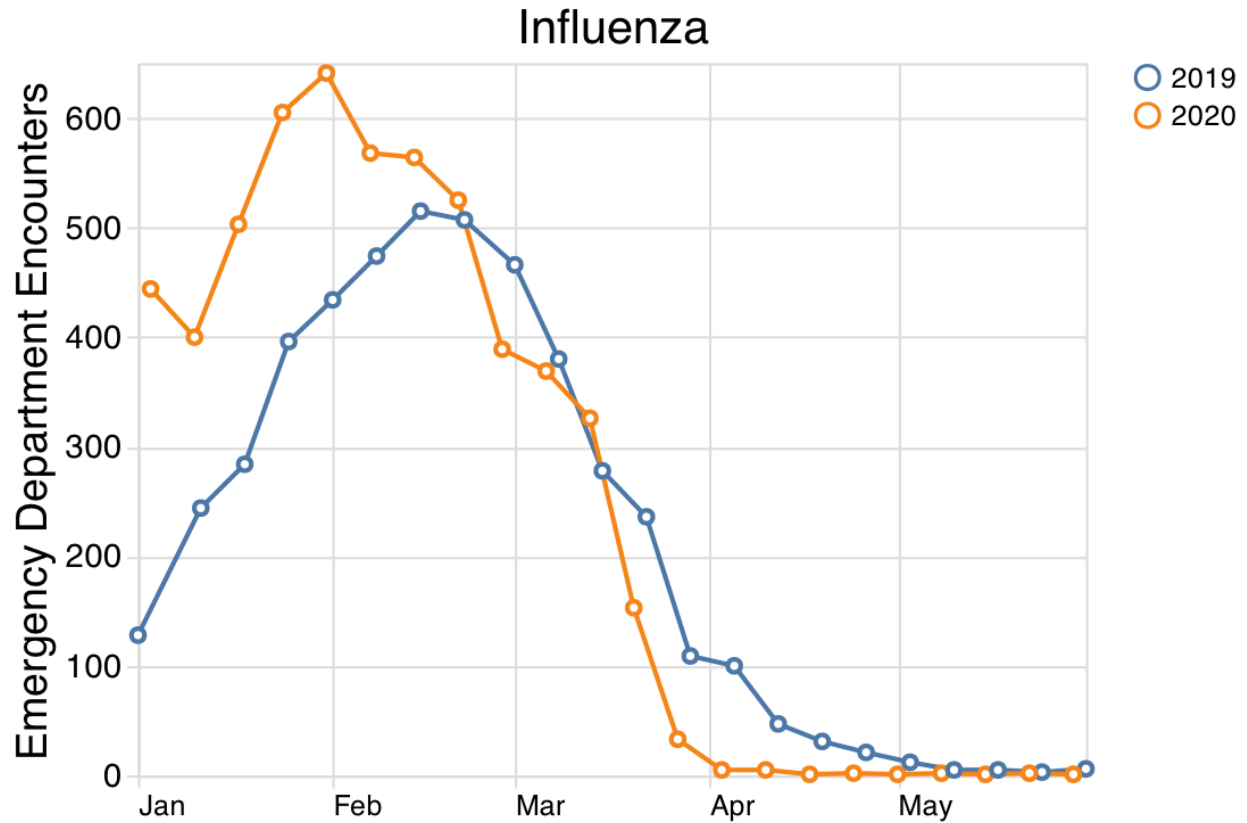


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for diabetes mellitus with complication fell mid-March and maintained a lower-than-expected level through April. During May, the number of encounters began to increase, mirroring the previous year's trend, but at a lower level. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the "Diabetes Mellitus with Complication" [Clinical Classification Software Refined \(CCSR\)](#) category.

## Influenza — Emergency Department Weekly Totals

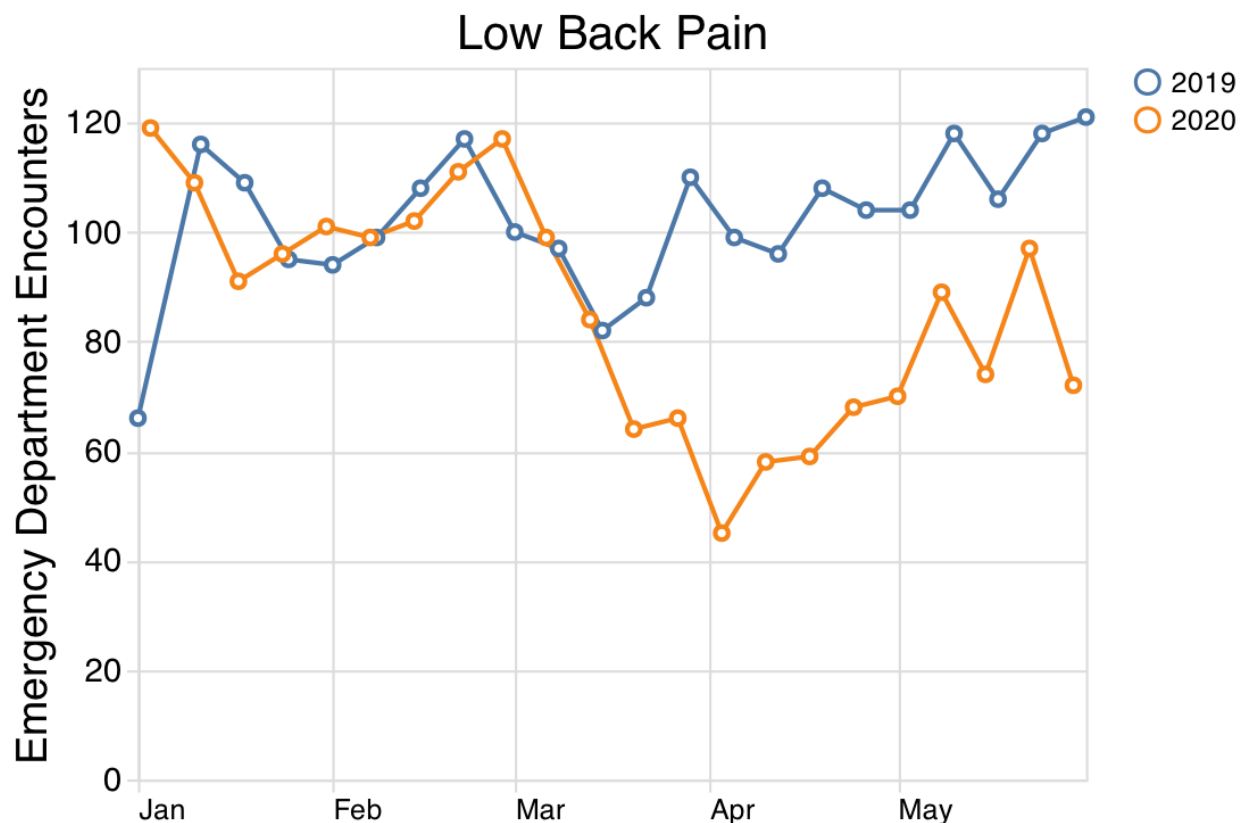


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for influenza followed the prior year's trend. The duration of the traditional [flu season](#) varies, but generally ends in spring.

Includes primary diagnosis codes in the "Influenza" [Clinical Classification Software Refined \(CCSR\)](#) category.

## Low Back Pain — Emergency Department Weekly Totals

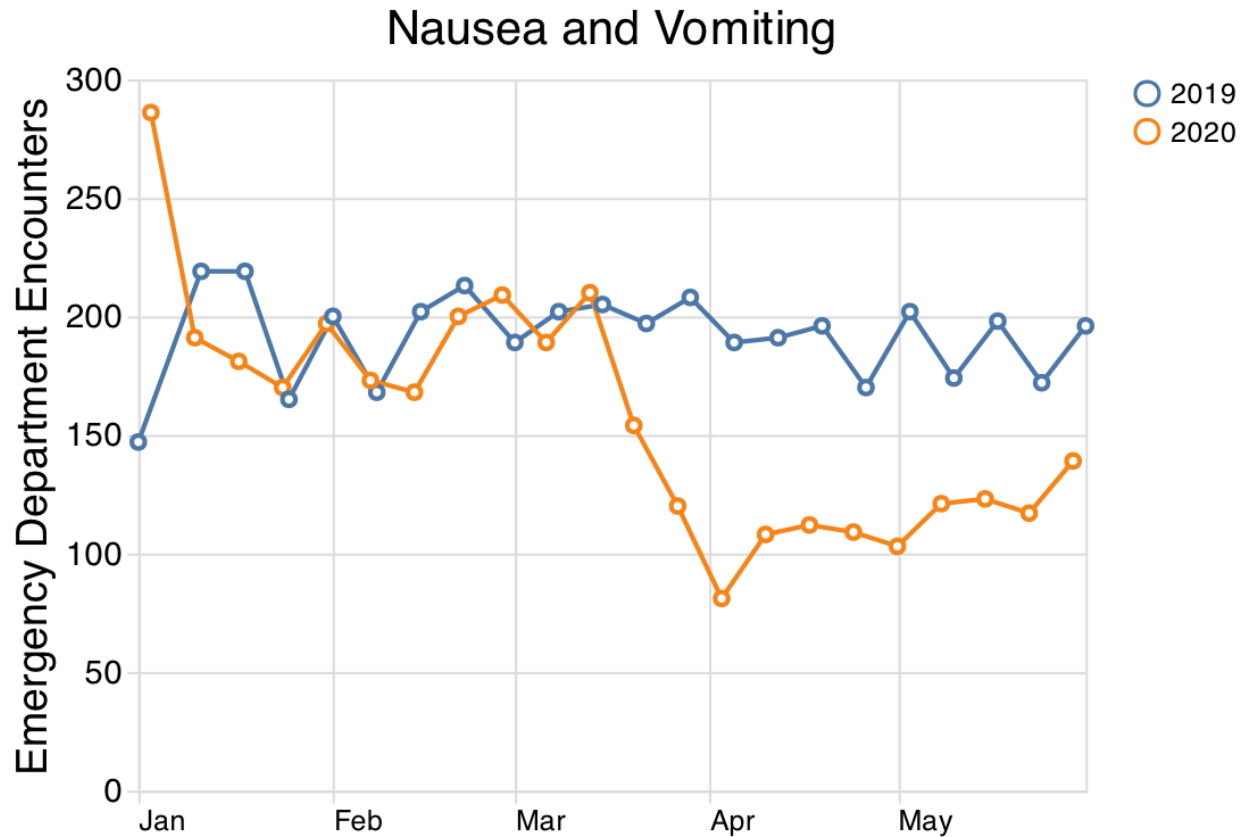


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of low back pain fell after mid-March, reaching a low point during April. The trend appears to resume traditional seasonality during April and May, but at a lower level than the previous year. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the “Low Back Pain” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Nausea and Vomiting — Emergency Department Weekly Totals



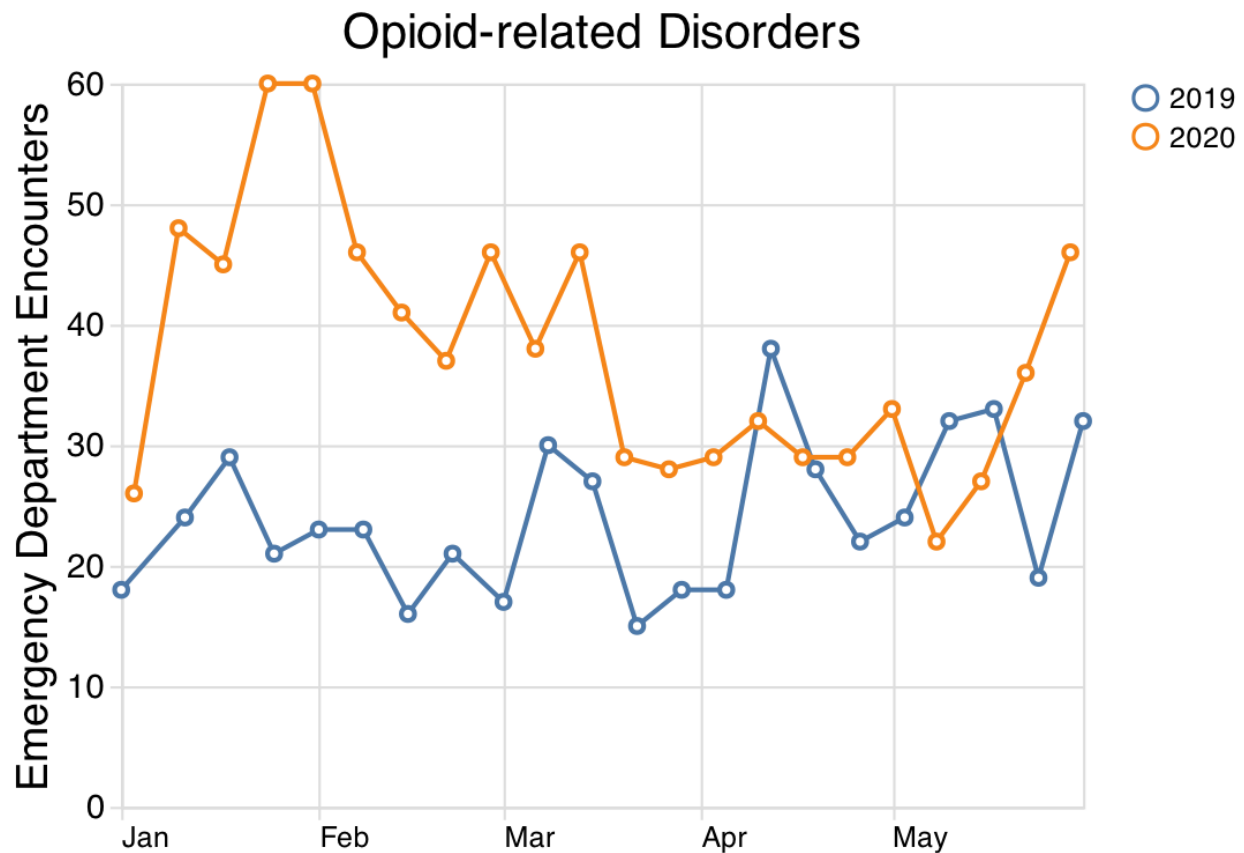
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for nausea or vomiting fell after mid-March. This may indicate patients seeking other options for treatment, such as telehealth, or foregoing treatment in the emergency department altogether for nausea and vomiting.

Includes primary diagnosis codes in the “Nausea and Vomiting” [Clinical Classification Software Refined \(CCSR\)](#) category.



## Opioid-related Disorders — Emergency Department Weekly Totals

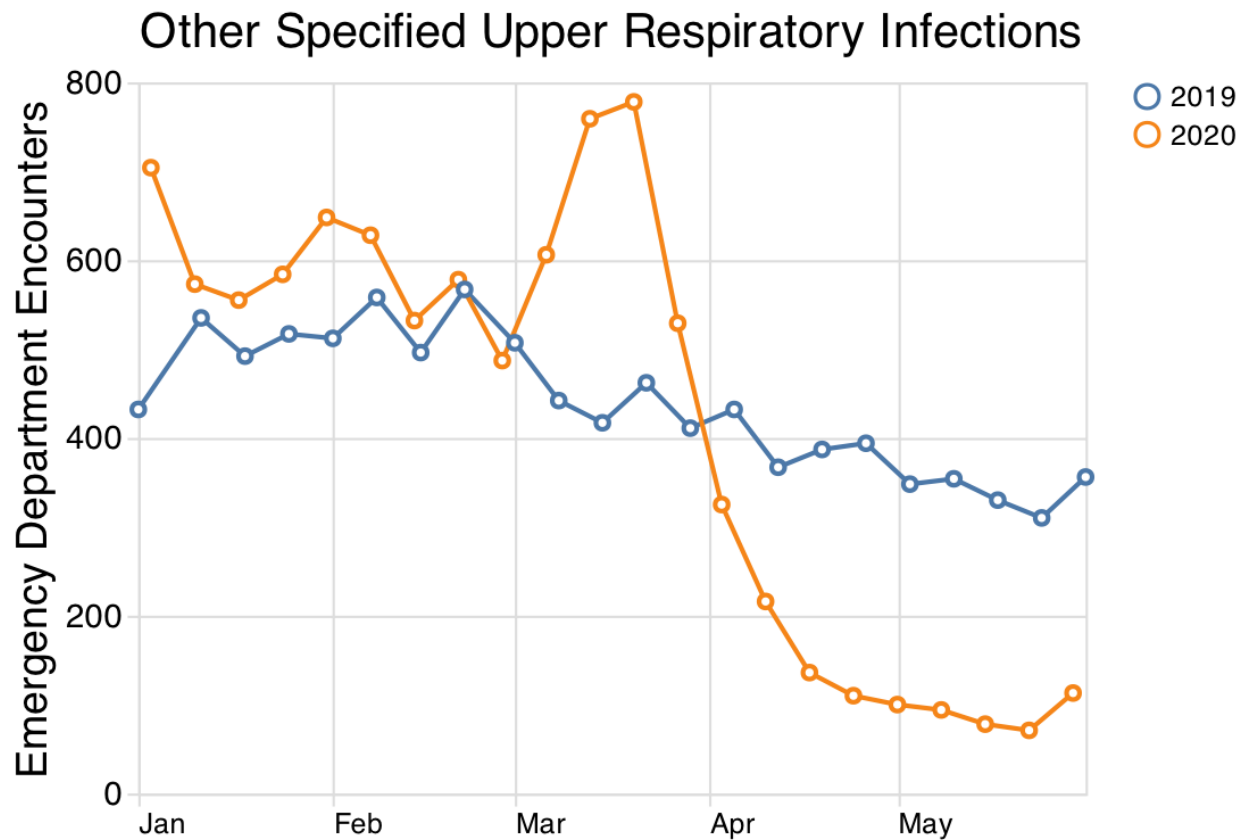


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for an opioid-related disorder was higher from January through mid-March of this year compared with the same weeks last year. After mid-March 2020, there does not appear to be any notable increases or decreases when compared with the same weeks in 2019.

*Includes primary diagnosis codes in the “Opioid-related Disorders” [Clinical Classification Software Refined \(CCSR\)](#) category.*

## Other Specified Upper Respiratory Infections — Emergency Department Weekly Totals



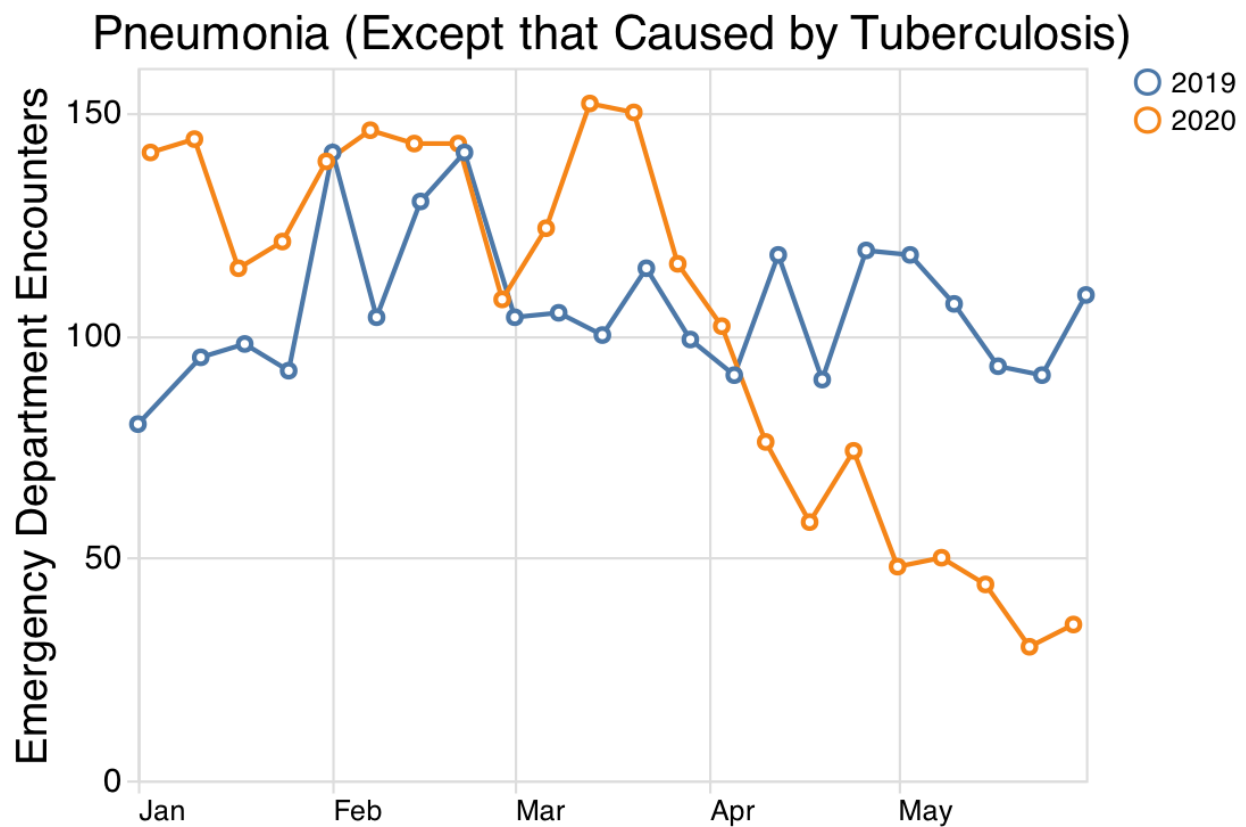
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis for an “other specified upper respiratory infection” (defined below) increased during March 2020 compared with the same weeks last year. After the last week of March 2020, the number of claims decreased to below-2019 levels, when comparing the number of encounters for the same weeks.

*Other specified upper respiratory infection* includes pharyngeal diphtheria, nasopharyngeal diphtheria, laryngeal diphtheria, enteroviral vesicular pharyngitis, acute nasopharyngitis (common cold), streptococcal pharyngitis, acute pharyngitis, acute laryngitis, acute tracheitis, acute laryngotracheitis, supraglottitis, acute obstructive laryngitis (croup), acute epiglottitis, acute laryngopharyngitis, retropharyngeal and parapharyngeal abscess, other abscess of pharynx, and unspecified acute upper respiratory infection.

*Includes primary diagnosis codes in the “Other Specified Upper Respiratory Infections” [Clinical Classification Software Refined \(CCSR\)](#) category.*

**Pneumonia (Except that Caused by Tuberculosis) — Emergency Department Weekly Totals**

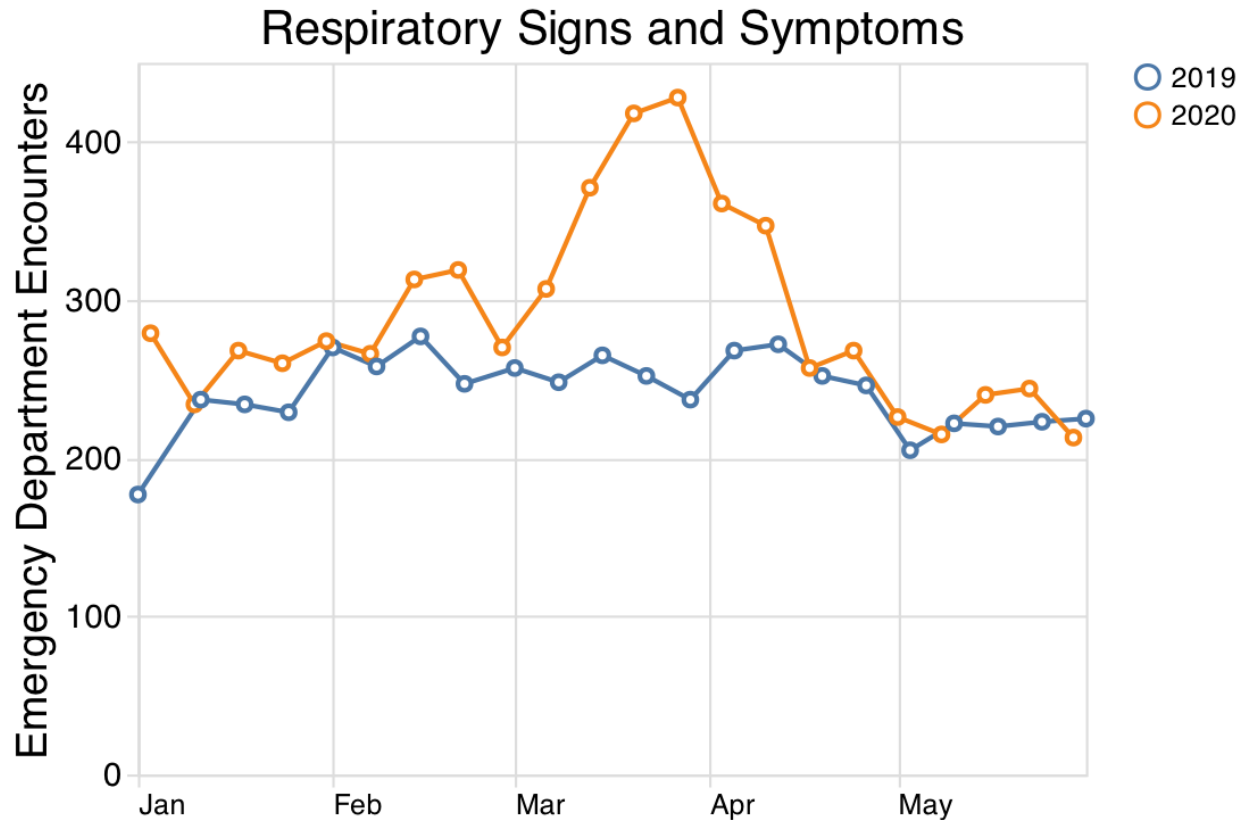


*Source: Utah Healthcare Facilities Database (HFD)*

The number of emergency department encounters with a primary diagnosis of pneumonia (except those caused by tuberculosis) fell mid-March and continued to fall through April and May. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

*Includes primary diagnosis codes in the “Pneumonia (Except that Caused by Tuberculosis)” [Clinical Classification Software Refined \(CCSR\)](#) category.*

## Respiratory Signs and Symptoms — Emergency Department Weekly Totals

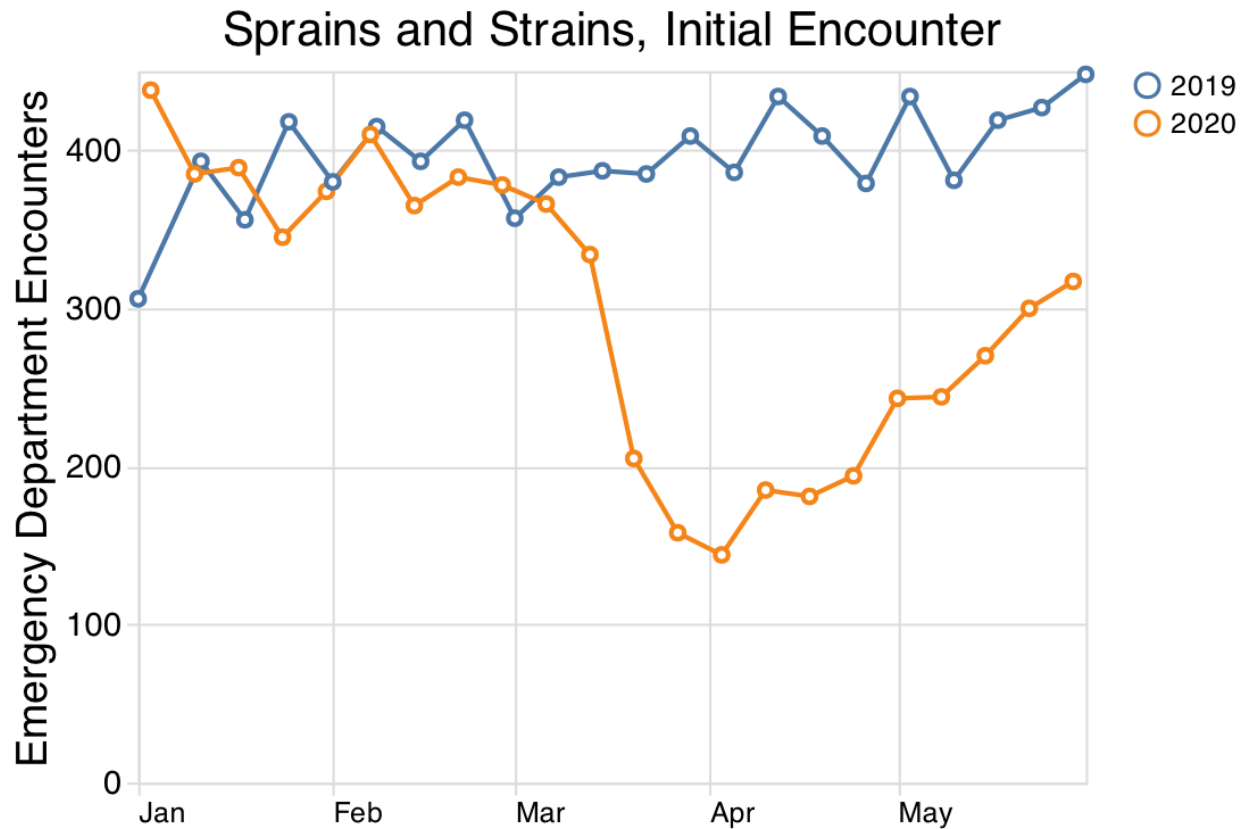


Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of “respiratory signs and symptoms” increased throughout March and then fell to levels consistent with 2019 trends. The notable increase in March may be the result of more patients presenting due to concerns of exhibiting symptoms similar to that of COVID-19.

Includes primary diagnosis codes in the “Respiratory Signs and Symptoms” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Sprains and Strains, Initial Encounter — Emergency Department Weekly Totals

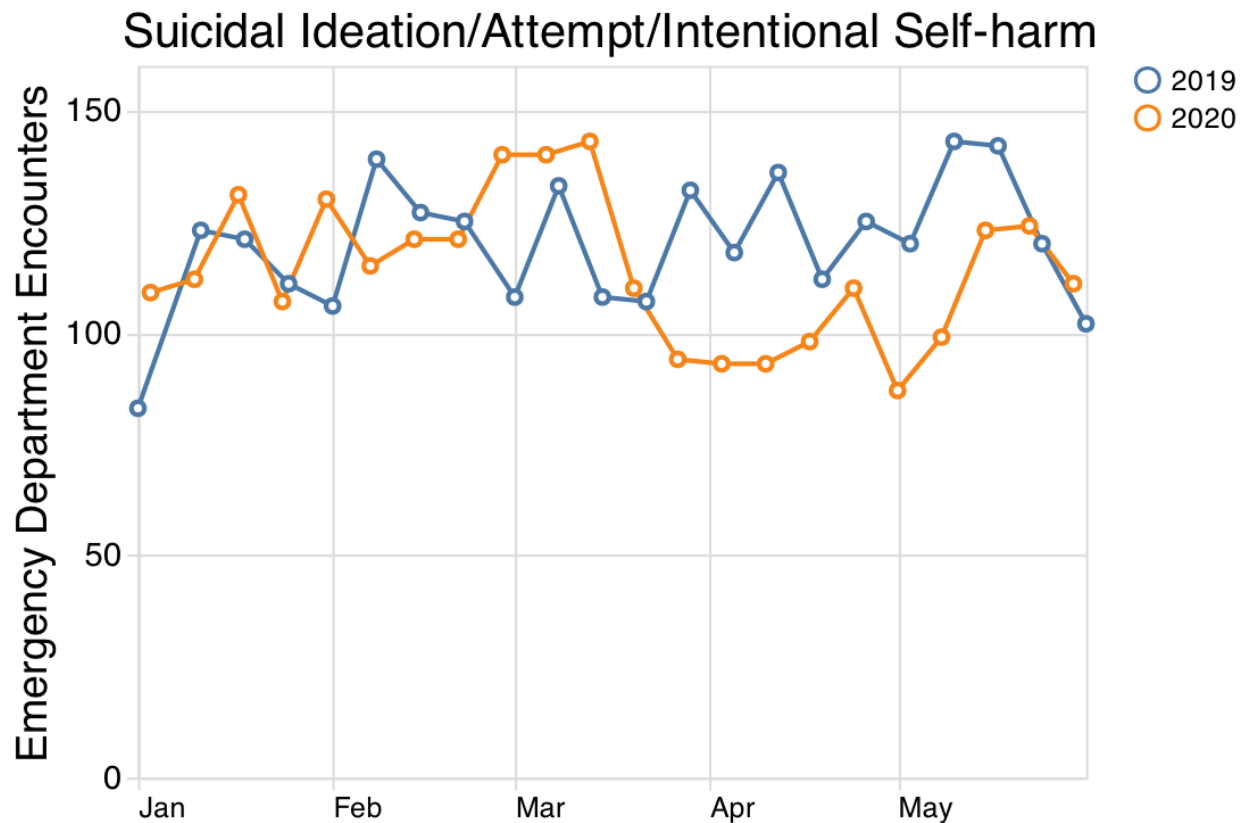


*Source: Utah Healthcare Facilities Database (HFD)*

The number of emergency department encounters with a primary diagnosis of sprain or strain fell during March. In April, the trend reversed course and increased throughout May but still remained below the number of encounters observed for 2019. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

*Includes primary diagnosis codes in the “Sprains and Strains, Initial Encounter” [Clinical Classification Software Refined \(CCSR\)](#) category.*

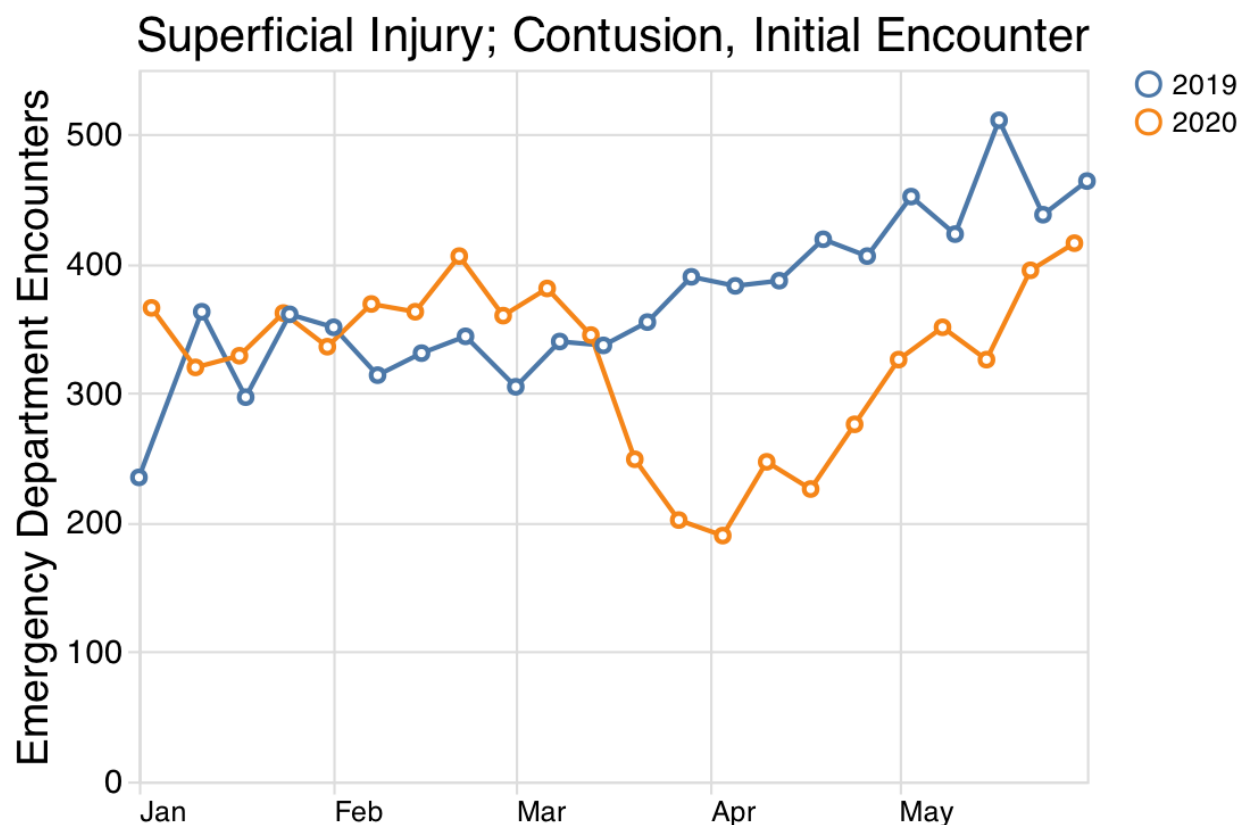
## Suicidal Ideation/Attempt/Intentional Self-harm — Emergency Department Weekly Totals



Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters for intentional self-harm fell in mid-March and remained slightly below the number of encounters when compared with the same weeks of 2019. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment. Includes primary diagnosis codes in the “Suicidal Ideation/Attempt/Intentional Self-harm” [Clinical Classification Software Refined \(CCSR\)](#) category.

## Superficial Injury; Contusion, Initial Encounter — Emergency Department Weekly Totals



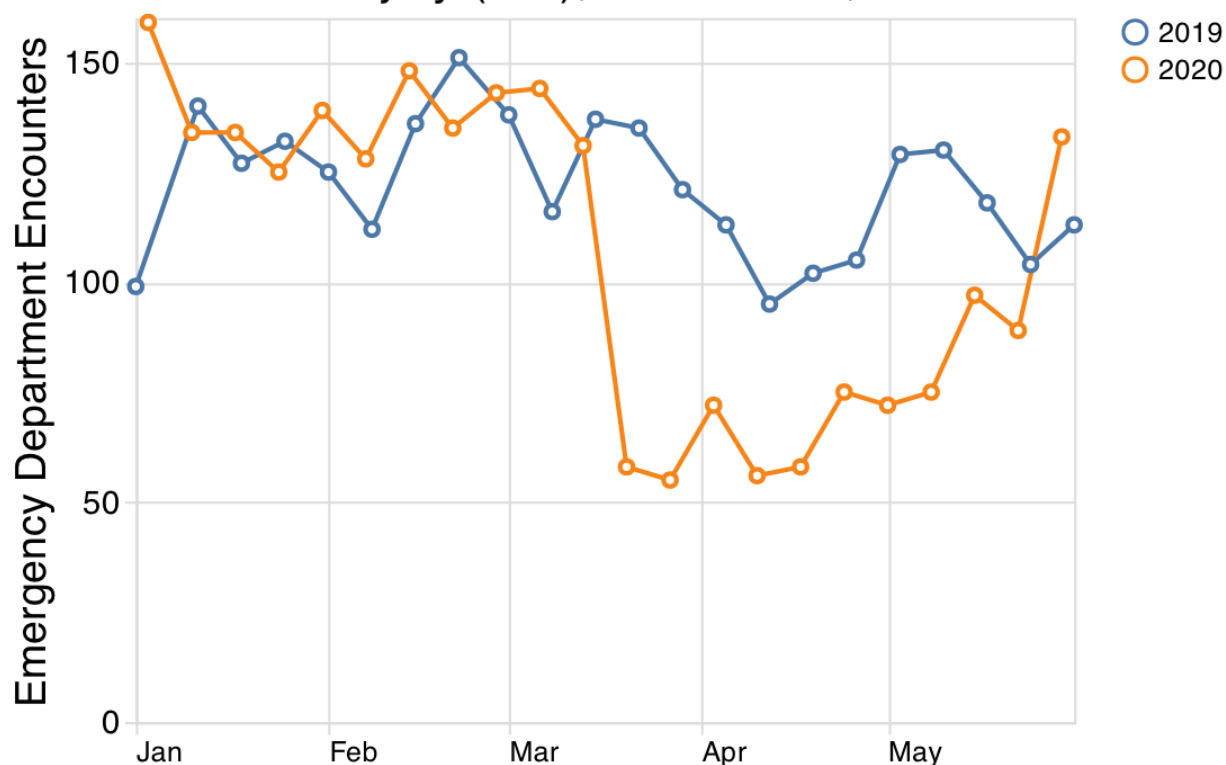
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of a superficial injury or contusion decreased in March 2020. Throughout April and May, the number of encounters increased, nearly reaching the previous year's level by the end of May. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

*Includes primary diagnosis codes in the “Superficial Injury; Contusion, Initial Encounter” [Clinical Classification Software Refined \(CCSR\)](#) category.*

## Traumatic Brain Injury (TBI); Concussion, Initial Encounter — Emergency Department Weekly Totals

### Traumatic Brain Injury (TBI); Concussion, Initial Encounter



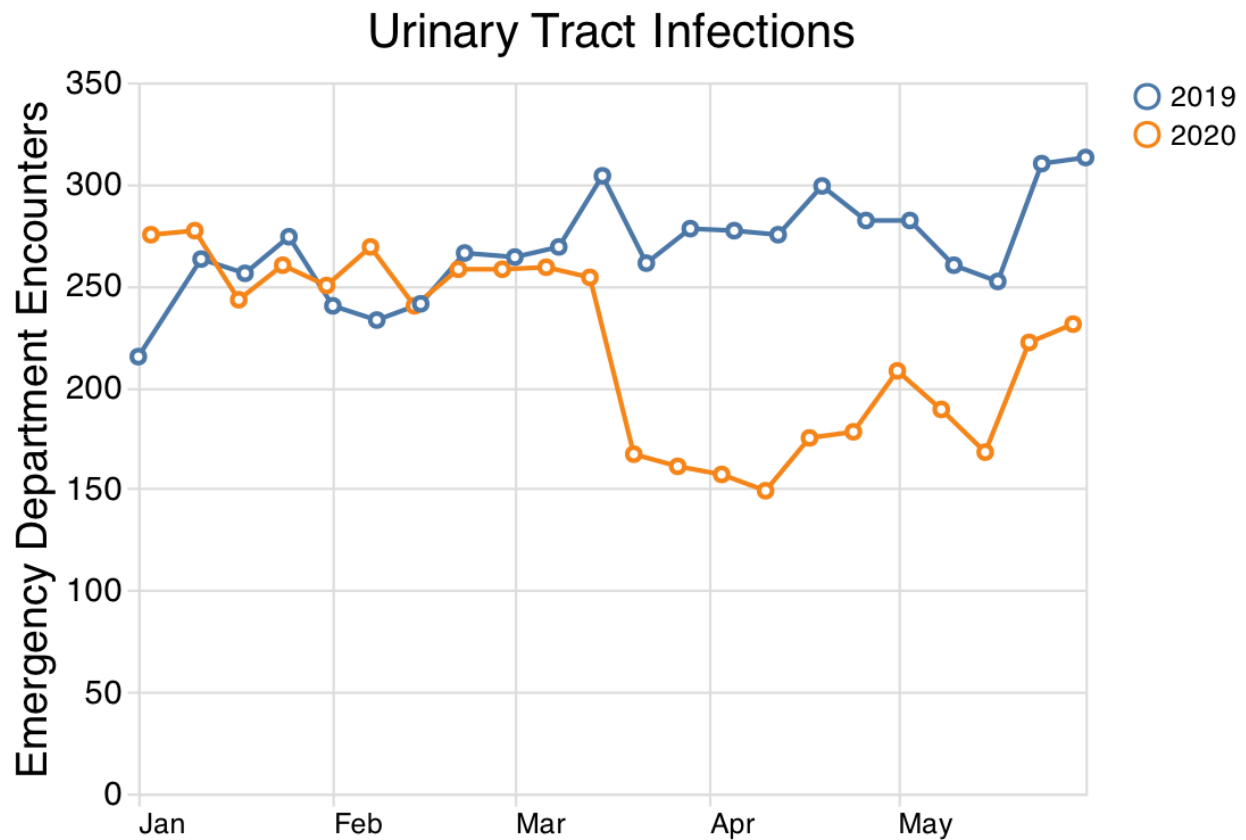
Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of traumatic brain injury (TBI) or concussion fell mid-March. In mid-April, the numbers began to increase, eventually exceeding the previous year's number of encounters in late May.

Includes primary diagnosis codes in the "Traumatic Brain Injury (TBI); Concussion, Initial Encounter" [Clinical Classification Software Refined \(CCSR\)](#) category.



## Urinary Tract Infections — Emergency Department Weekly Totals



Source: Utah Healthcare Facilities Database (HFD)

The number of emergency department encounters with a primary diagnosis of urinary tract infection declined mid-March and remained at lower-than-expected levels throughout April and May. It is unknown whether this is due to patients having a decreased need for emergency services related to the condition, patients seeking treatment elsewhere, or patients foregoing needed treatment.

Includes primary diagnosis codes in the “Urinary Tract Infections” [Clinical Classification Software Refined \(CCSR\)](#) category.